

LIFT INCIDENT REPORT - SKI AREA \_\_\_\_\_

PLEASE PRINT \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

LIFT \_\_\_\_\_ TERMINAL \_\_\_\_\_

LOCATION \_\_\_\_\_ SIGNS POSTED: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

LOCATION ON CHAIR (RIDING ALONE, MIDDLE, LEFT OR RIGHT SIDE): \_\_\_\_\_

TYPE OF STOP USED (if necessary) \_\_\_\_\_ LIFT SPEED (FPM) \_\_\_\_\_

NAME OF GUEST INVOLVED \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ UNTIL \_\_\_\_\_

DESCRIPTION OF INCIDENT \_\_\_\_\_

WITNESS #1 NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WITNESS #2 NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STATEMENT MADE BY GUEST/WITNESS(ES) \_\_\_\_\_

Patrol Notified: \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Attending Patroller \_\_\_\_\_

Operator on Duty: \_\_\_\_\_ Position \_\_\_\_\_

Attendants on Duty: \_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

NAME OF SUPERVISOR NOTIFIED OF INCIDENT \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING REPORT \_\_\_\_\_

DATE \_\_\_\_\_