SKI AREA _____

SUPPLEMENTAL LIFT RELATED QUESTIONS LOADING/UNLOADING

1. What is your ability? _____ Age: _____
2. What route were you traveling? _____
3. Describe what occured: _____

_____

_____

_____

4. Have you had any previous problems loading or unloading from any lifts? _____

_____

If so where and when? _____

5. Have you ridden this lift before? _____ How many times? _____
6. Any problems? _____

Were you talking on lift while loading or unloading? _____

7. Did you notice signs on lift tower and ramps? _____
8. Were you prepared to load/unload the lift? _____
9. Have you ridden the lift with the same people? _____
10. Do you wear corrective lenses? _____ Were they on? _____
11. Have you taken any drugs or alcohol today? _____

12. Any request, or communication, with lift operator? _____
13. Make/Model of skiis and bindings: _____ Length: _____
14. Where were you positioned in chair? _____ At what time? _____
15. Describe ramp conditions: _____

_____

_____

Patroller completing report: _____

Skier's Name: _____

Date: _____ Time: _____

Address (Local) _____

Phone #: (Local) _____ (Home) _____

Address (Home): _____

_____