

You can use this form to report any injury (to yourself or a candidate), illness, accident, run in, near miss, hazard or anything else that happens during your work that you feel should be documented. Print the relevant pages, complete and return them to the APSI office.

Details		Did the incident -	No	Yes
Today's Date		cause anyone to be injured?	<input type="checkbox"/>	<input type="checkbox"/> Part 1
Your Name		cause a candidate to be injured?	<input type="checkbox"/>	<input type="checkbox"/> Part 1.2
Your Email		occur on snow?	<input type="checkbox"/>	<input type="checkbox"/> Part 2
Date of Incident		involve a ski lift?	<input type="checkbox"/>	<input type="checkbox"/> Part 3
Time of Incident		have any witnesses?	<input type="checkbox"/>	<input type="checkbox"/> Part 4
Location of Incident		involve a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/> Part 5

Describe the incident?

Is there anything you feel that could have prevented the incident?

Any additional comments?

Name		Date	
Signed			

Part 1 – Injury					
Type of injury, part & side of body affected					
Date & time the symptoms were first noticed?					
Medical treatment received	<input type="checkbox"/> Hospital	<input type="checkbox"/> Doctor	<input type="checkbox"/> Ski Patrol	<input type="checkbox"/> First Aid	<input type="checkbox"/> None
Name of Treating Person (ski patroller etc.)					
Location of Treatment Received (hospital etc.)					
Any additional comments / notes?					

Part 1.2 - Candidate Injury			
Name			
Phone		Email	
Did you recommend to the candidate that they seek medical attention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the candidate resume skiing / boarding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any additional comments? (please note any conversation e.g. did the candidate indicate they would seek medical attention later?)			

Part 2 - On Snow						
Resort				Location/Run		
Activity	<input type="checkbox"/> Alpine	<input type="checkbox"/> Snowboard	<input type="checkbox"/> Telemark	<input type="checkbox"/> Nordic	<input type="checkbox"/> Adaptive	
Training Level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Other:	
Was the terrain within the affected person/s ability?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Had you skied / boarded similar runs earlier in the day?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Did this incident occur on a race course?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Conditions						
Wind	<input type="checkbox"/> Still	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong		
Snow	<input type="checkbox"/> Powder	<input type="checkbox"/> Hard Pack	<input type="checkbox"/> Ice	<input type="checkbox"/> Crust	<input type="checkbox"/> Slush	
Weather	<input type="checkbox"/> Sunny	<input type="checkbox"/> Partly Cloudy	<input type="checkbox"/> Overcast	<input type="checkbox"/> Snowing	<input type="checkbox"/> White Out	<input type="checkbox"/> Raining
Visibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Flat	<input type="checkbox"/> Poor	<input type="checkbox"/> White Out	<input type="checkbox"/> Night
Equipment						
Equipment is	<input type="checkbox"/> Owned	<input type="checkbox"/> Hired	<input type="checkbox"/> Borrowed	<input type="checkbox"/> Other / Don't Know		
Last Tune Date						
Ski Bindings						
Left	<input type="checkbox"/> Released	<input type="checkbox"/> Didn't Release	<input type="checkbox"/> Pre-Released	<input type="checkbox"/> Not Sure	<input type="checkbox"/> N/A	
Right	<input type="checkbox"/> Released	<input type="checkbox"/> Didn't Release	<input type="checkbox"/> Pre-Released	<input type="checkbox"/> Not Sure	<input type="checkbox"/> N/A	

Part 3 – Ski Lift
Please describe how a ski lift was involved in this incident. Include as much detail as possible (e.g. condition of on/off ramp, condition of lift, position riding the lift, lift attendant actions, experience lift riding)

**PART 4 – Witnesses**

Name		Contact Phone or Email		
Relationship to APSI	<input type="checkbox"/> Staff	<input type="checkbox"/> Candidate	<input type="checkbox"/> Public	<input type="checkbox"/> Other:
Witness Description of Incident				

Name		Contact Phone or Email		
Relationship to APSI	<input type="checkbox"/> Staff	<input type="checkbox"/> Candidate	<input type="checkbox"/> Public	<input type="checkbox"/> Other:
Witness Description of Incident				

Name		Contact Phone or Email		
Relationship to APSI	<input type="checkbox"/> Staff	<input type="checkbox"/> Candidate	<input type="checkbox"/> Public	<input type="checkbox"/> Other:
Witness Description of Incident				

Name		Contact Phone or Email		
Relationship to APSI	<input type="checkbox"/> Staff	<input type="checkbox"/> Candidate	<input type="checkbox"/> Public	<input type="checkbox"/> Other:
Witness Description of Incident				

Part 5 – Motor Vehicle					
All traffic accidents in which someone is injured, must be reported to the police.					
Where were you travelling to?		Where were you travelling from?			
What time did you depart?		What time was your last break?			
Conditions (tick all that apply)					
Road	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Icy	<input type="checkbox"/> Snow	<input type="checkbox"/> Other:
Surface	<input type="checkbox"/> Sealed	<input type="checkbox"/> Unsealed - good	<input type="checkbox"/> Unsealed - rough	<input type="checkbox"/> Other:	
Wind	<input type="checkbox"/> Still	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong	<input type="checkbox"/> Other:
Visibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Night	<input type="checkbox"/> Other:
Weather	<input type="checkbox"/> Sunny	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Fog	<input type="checkbox"/> Rain / Snow	<input type="checkbox"/> Other:
Police notification					
Incident reported to police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Report Date/Time		
Driver details					
Were you a driver / passenger?	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger (complete driver details below)			
Name		Phone/Email			
Car Make/Model/Year		Car Registration			
Relationship to APSI	<input type="checkbox"/> Staff	<input type="checkbox"/> Candidate	<input type="checkbox"/> Public	<input type="checkbox"/> Other:	
Any additional comments? (Diagrams? Did police attend incident? Any reference numbers? Other driver details?)					