Colorado Department of Labor and Employment
Division of Oil and Public Safety – Amusement Rides and Devices Program
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 303-318-8552
Fax: 303-318-8534
Email: cdle_amusements@state.co.us
Web: www.colorado.gov/ops

Reportable Injuries

(Revised 5/30/2018)

Colorado Amusement Rides and Devices regulations require that amusement ride and device operators notify the Division of Oil and Public Safety (OPS) of any reportable injury caused by their amusement rides or devices.

Definitions

Injury: Means an injury that results in death or requires medical treatment administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does not include first aid treatment or one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, or other minor injuries that do not ordinarily require medical care even though treatment is provided by a physician or by registered professional personnel.

Reportable Injury: Any injury (as defined) caused by a malfunction or failure of an amusement ride or device, or any injury (as defined) caused by a ride operator or patron error which impairs the function of an amusement ride or device.

Scene Preservation

If a reportable injury occurs, the equipment or conditions that caused the accident shall be preserved for the purpose of an investigation by the Division unless an investigation is deemed unnecessary by the Division.

Notification

A reportable injury must be reported to the Division by:

1. Calling 303-514-3281 within 24 hours of the time that the ride operator or operator becomes aware of the injury.
2. Submitting an injury report to the Division within 72 hours of the time that the ride operator or operator becomes aware of the injury.

Operators may opt to complete the Accident Location Diagram form and/or Accident Photograph form; however, these forms are not required. Adobe Acrobat XI Pro is required to digitally complete the forms.

If you have questions about reportable injuries, please contact David Knight at 303-514-3281 or davidj.knight@state.co.us.

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Amusement Rides and Devices Injury Report

(Revised 5/30/2018)

Complete this report and email it to the Amusement Rides and Devices Program at cdle_amusements@state.co.us.

General Information

Report Date:		Injury Date:		Injury Time:	☐AM ☐PM		
Person Reporting Injury:				Job Title:			
Operator/Company Name:				Permit #:			
Address:	Street:						
	City:		State:		ZIP:		
Primary Phone #:		Alternate Phone #:					
Location of ride on which injury occurred:							
Ride Name:		Ride Manufacturer:					
Ride Serial #:		Third-party Inspection Date:					
Ride Operator	Name:			Phone #:			
	Address: Street:						
	City:		State:		ZIP:		
Ride Operator in Training	Name:			Phone #:			
	Address: Street:						
	City:		State:		ZIP:		

Injury Notifications

Entity	Entity Name	Phone #	Notified?
Insurance Company			☐ Yes ☐ No
Local Law Enforcement Agency			☐ Yes ☐ No
Hospital			☐ Yes ☐ No

# of Employees Injured	*# of Guests Injured*	*# of Minor Injuries*	*# of Major Injuries*	*# of Hospitalizations*	*# of Fatalities*

Injury Description

Explain in detail where the injured person was located on the ride, what happened to cause the injury and what (if anything) was done as a result of the injury.

Injured Person/Witness List

Name:			☐ M	☐ F	Age:		☐ Injured	☐ Witness
Address:	Street:						Home Phone #:	
	City:		State:		ZIP:		Cell Phone #:	
Email Address:								
Injury Type:	☐ Minor	☐ Major	☐ Fatal				Relationship to Injured Person:	
Name:			☐ M	☐ F	Age:		☐ Injured	☐ Witness
Address:	Street:						Home Phone #:	
	City:		State:		ZIP:		Cell Phone #:	
Email Address:								
Injury Type:	☐ Minor	☐ Major	☐ Fatal				Relationship to Injured Person:	
Name:			☐ M	☐ F	Age:		☐ Injured	☐ Witness
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Email Address:								
Injury Type:	☐ Minor	☐ Major	☐ Fatal				Relationship to Injured Person:	
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Email Address:								
Injury Type:	☐ Minor	☐ Major	☐ Fatal				Relationship to Injured Person:	
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