



REPORTABLE INJURIES

State of Colorado 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.

Definition

An injury is:

- 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.

A reportable injury is:

- 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 (as defined) 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 (as defined) must be reported to OPS by:

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

Operators may opt to complete the [Accident Location Diagram](#) form and/or [Accident Photograph](#) form; however these forms are not required. Acrobat XI Pro is required to digitally complete the forms.

Complete injury reports should be emailed to cdle_amusements@state.co.us, or faxed to 303-318-8529.

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



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

Phone: 303-318-8500
Fax: 303-318-8488
Email: cdle_amusements@state.co.us
Web: www.colorado.gov/ops/amusementrides

AMUSEMENT RIDES AND DEVICES INJURY REPORT

(Revised June 2014)

PERMIT NUMBER	DATE OF REPORT	DATE OF INJURY	TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
OPERATOR / COMPANY NAME		PHYSICAL ADDRESS	CITY	STATE	ZIP
PRIMARY PHONE	ALTERNATE PHONE	LOCATION OF RIDE ON WHICH THE INJURY OCCURRED (A description of the ride's location inside parks, fairs, etc.)			
NAME OF RIDE	MANUFACTURER	SERIAL NUMBER	3RD-PARTY INSPECTION DATE		
NAME OF RIDE OPERATOR	PHONE	ADDRESS			
NAME OF RIDE OPERATOR IN TRAINING	PHONE	ADDRESS			
INSURANCE COMPANY	PHONE	NOTIFIED <input type="checkbox"/>	# OF EMPLOYEES INJURED	# OF GUESTS INJURED	
LOCAL LAW ENFORCEMENT AGENCY	PHONE	NOTIFIED <input type="checkbox"/>	# OF MINOR INJURIES	# OF MAJOR INJURIES	
HOSPITAL	PHONE	NOTIFIED <input type="checkbox"/>	# OF HOSPITALIZATIONS	# OF FATALITIES	
NAME OF PERSON REPORTING INJURY	JOB TITLE				

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

(Print Clearly)

<input type="checkbox"/>	INJURED	NAME	ADDRESS				TYPE OF INJURY		
<input type="checkbox"/>	WITNESS					MINOR	MAJOR	FATAL	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOME PHONE		CELL PHONE	EMAIL	AGE	M	F	RELATIONSHIP TO INJURED PERSON		
					<input type="checkbox"/>	<input type="checkbox"/>			

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<input type="checkbox"/>	WITNESS					MINOR	MAJOR	FATAL	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOME PHONE		CELL PHONE	EMAIL	AGE	M	F	RELATIONSHIP TO INJURED PERSON		
					<input type="checkbox"/>	<input type="checkbox"/>			

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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOME PHONE		CELL PHONE	EMAIL	AGE	M	F	RELATIONSHIP TO INJURED PERSON		
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