SNOW SCHOOL INCIDENT REPORT

Date: / / Year Month Day	Time:	No.

☐ **Incident** (complete sections A,B,C,D,E,F,H)
☐ **Accident** (complete sections A,B,C,D,E,F,H)
☐ **Zulu** (complete sections A,B,C,D,G,H)

→ PLEASE COMPLETE IN PEN USING BLOCK LETTERS ←

A - Client

Surname	Given name	Age:	No. client RTP:

☐ Beginner ☐ Intermediate ☐ Novice ☐ Advanced
☐ Ski ☐ Snowboard ☐ Telemark ☐ Other

B - Instructor

Surname	Given name	Employee no.

Snow School dispatcher: Name

C - Type of lesson

☐ Private ☐ Group ☐ Ski or Snow week ☐ Weekend program ☐ Other_____

Class / group level
☐ Ski (1 to 9)
☐ Snowboard (1 to 6) _____

D - Incident / accident location

☐ Trail:_____ Hydrant no.:_____
☐ Intersecting trail:_____
Where were you in respect to the client?
☐ Uphill ☐ Downhill ☐ Side
☐ Summit ☐ Top Flying Mile ☐ Top Expo ☐ Top Edge
☐ South Base ☐ North Base ☐ Edge Base ☐ Soleil Base
☐ Building:_____ ☐ Lift (complete LIFT section E)_____

E - LIFT (Complete this section ONLY if a lift was involved)

At which lift did the incident occur?

Where was the client seated on the chair? ___ ___ ___ ___

Number of times the client used this lift today _____

Names of other pasengers:
- _____
- _____

The incident occurred: ☐ Loading ☐ Unloading

Other lifts used:
☐ Onésime ☐ Équilibre 1 ☐ Équilibre 2
☐ Gondola ☐ Flying Mile ☐ Cabriolet
☐ TGV ☐ Duncan ☐ Expo
☐ Lowell Thomas ☐ Soleil ☐ Edge
☐ Porte du Soleil

F - PATROL

Was the client seen to by a patroller?	☐ Yes	☐ No	Patrol report number :
If Yes, how was the patrol contacted?	☐ Telephone	☐ Radio	
	☐ Other employee	☐ Other skier / boarder	(if applicable)_____

G - Zulu

How did you advise the snow school dispatch? ☐ Telephone ☐ Radio ☐ Other instructor ☐ Other employee

Person contacted at snow school dispatch :	Time found :	Place where found :

Found by : ☐ Myself ☐ Other instructor ☐ Other employee ☐ Other skier / boarder

H - Complete description of the incident / accident:

I confirm having completed the information herein, and attest that the above facts are accurate, to the best of my knowledge.

Signature:_____ Date:_____

Received by :	**Date:** / / **yr mo day**	**Supervisor:**	**Director:**