



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

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

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

A reportable injury is:

- Any injury caused by a possible malfunction or failure of an amusement ride or device which results in death, dismemberment, significant disfigurement, permanent loss of the use of a body organ, member, function or system, a compound fracture or other significant injury/illness.

Reportable injuries do not include treatment with first aid even if performed by a physician unless treatment is a result of any reason listed above.

SCENE PRESERVATION

If a reportable injury results from the possible malfunction or failure of an amusement ride or device, the equipment or conditions that caused the accident shall be preserved for the purpose of an investigation by OPS unless an investigation is deemed unnecessary by the Division.

NOTIFICATION

A reportable injury as defined above 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 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 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 303-318-8488.

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 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"/>			

<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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