

KANSAS DEPARTMENT OF LABOR
www.dol.ks.gov

AMUSEMENT RIDE INJURY REPORT

K-ISH 514 (Rev. 04-24)

Return completed form to:

MAIL: Kansas Department of Labor
Industrial Safety and Health Division
401 SW Topeka Blvd.
Topeka, KS 66603-3182
FAX: (785) 296-1775
EMAIL: KDOL.Amusements@ks.gov

The owner of an amusement ride shall notify the department of any **serious injury** reported by a patron, **or any injury** caused by a malfunction or failure of an amusement ride or caused by an operator or patron error. Such notification shall be submitted to the department within 72 hours of the time that the operator becomes aware of the injury. In the event the injury has resulted in a fatality, both submission of this form and a phone call are required. Call (785) 296-4386 - 24 hours a day. **This requirement applies to injuries to patrons, employees and any other person.**

If a serious injury occurs, the equipment or conditions that caused the injury shall be preserved for the purpose of an investigation by the department and such amusement ride shall be immediately removed from service until an investigation is completed or deemed unnecessary by the secretary. Except as provided in subsection (d), if investigation of a serious injury is not commenced within 24 hours after the department receives notification of such injury, then an investigation shall be deemed unnecessary.

If the serious injury results in a death, the owner shall notify the department of the injury as soon as possible. Such notification shall be by telephone initially with a written notification sent within 24 hours after the initial notice. If the death is related to a major malfunction of the amusement ride, an investigation shall be required and the department shall commence such investigation within 24 hours after receiving initial notice of the injury. No part of the amusement ride or the ride itself, shall be moved or repaired without the written approval of the secretary, or the secretary's designee, except that nothing shall be construed so as to hinder emergency response personnel from performing their duties, or to prevent the elimination of an obvious safety hazard. The owner shall provide the department with complete access to the amusement ride and all related premises for the purposes of the investigation and shall provide all information related to the cause of the injury to the department.

"Serious injury" means an injury that results in:

- (1) Death, dismemberment, significant disfigurement or permanent loss of the use of a body organ, member, function or system;
- (2) A compound fracture; or
- (3) Other injury or illness that requires immediate admission and overnight hospitalization and observation by a licensed physician.

Report date: _____ Accident Date: _____ Phone No. of person filing report: _____
Amusement Ride Owner: _____
Ride name: _____ Ride manufacturer: _____ Ride permit no.: _____
Date of last inspection: _____ Ride operator at time of injury: _____
Ride operator address: _____ City: _____ State: _____ ZIP: _____
Ride location at time of injury: _____ No. of persons injured: _____
Insurance company name: _____

Person injured:

Name: _____ Age: _____ Date of injury: _____ Time of injury: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Nature of injury: _____

Was injured person(s) an amusement employee?	YES	NO	Did injury require first aid?	YES	NO
Did injury to this person require hospitalization?	YES	NO	Were injuries to this person fatal?	YES	NO

Additional Person injured:

Name: _____ Age: _____ Date of injury: _____ Time of injury: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Nature of injury: _____

Was injured person(s) an amusement employee?	YES	NO	Did injury require first aid?	YES	NO
Did injury to this person require hospitalization?	YES	NO	Were injuries to this person fatal?	YES	NO

Additional Person injured:

Name: _____ Age: _____ Date of injury: _____ Time of injury: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Nature of injury: _____

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Was injured person(s) an amusement employee? YES NO Did injury require first aid? YES NO
Did injury to this person require hospitalization? YES NO Were injuries to this person fatal? YES NO

Witness:

Name: _____ Age: _____ Date of injury: _____ Time of injury: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Summary of events witnessed:

Additional Witness:

Name: _____ Age: _____ Date of injury: _____ Time of injury: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Summary of events witnessed:

Additional Witness:

Name: _____ Age: _____ Date of injury: _____ Time of injury: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Summary of events witnessed:

I hereby certify pursuant to the laws of the State of Kansas that the above information is true and correct to the best of my knowledge and belief.

Name of individual filing report: _____ Signature: _____
Date: _____

SUBMIT