

Incident Reporting Form For Amusement Rides
[Section 54 Amusement Rides Safety Act (Chapter 6A)]

Commissioner of Amusement Rides Safety
Building & Construction Authority
52 Jurong Gateway Road, #11-01
Singapore 608550
Website: <http://www.bca.gov.sg/>

PLEASE NOTE

- (1) If an item is not applicable it is to be indicated as "N/A".
(2) Please tick (✓) in the appropriate boxes.

(1) Occurrence Type and Details

- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Death | <input type="checkbox"/> Injury | <input type="checkbox"/> Evacuation |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Failure of ride systems | <input type="checkbox"/> Derailment |
| <input type="checkbox"/> Collision | <input type="checkbox"/> Restraint system failure | <input type="checkbox"/> Others _____ |

Location / Address of Incident:

Occurrence Date / Time:

Ride Reference No.:

(2) Description of Incident

(3) Current Status

(4) Causes and Actions

Describe cause of incident (if known):

What actions were taken to secure the scene and make the site safer?

Follow-up actions to prevent or reduce the chance of a re-occurrence:

(5) Particulars of Injured Person(s) (Use one form per each injured person)

Injured Person: Yes (Please fill up details below) No

Name:	Address:
NRIC / Passport No.:	Contact No.:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:

(6) Completed by

Name:	Address:
NRIC / Passport No.:	Office No.:
Email Address:	Mobile No.:
Date of Report:	Fax No.: