Clear Print

Manitoba
Inspection and Technical Services
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ITS G Form 11
Reporting a Dangerous Incident and Technical Safety Risk

The Technical Safety Act

Instructions: Equipment Owner or representative, Permit Holder, or Person conducting regulated work complete this form as soon as reasonably practicable after the event or identification of the risk. If information is unknown at the time of reporting, leave the field blank.

I. REPORTER INFORMATION	**(PLEASE PRINT)**
Name:	Title/Role:
Phone:	Email:

II. EVENT, CONDITION, OR CIRCUMSTANCE		
Date:	Time:	Location: (municipal address, if applicable):
Description of the event, condition, or circumstance (include what happened, what was observed, or what risk was identified):		
Equipment type (check all that apply ◯ Elevating device (elevator, escalator,ski-lift, etc.) ◯ Amusement Ride ◯ Unknown ◯ Other (specify):		
Did this involve a near miss where no injury or damage occurred? ◯ Yes ◯ No ◯ Unknown	If yes, please describe:	
Injury or damage (if any) ◯ Yes ◯ No ◯ Unknown	If yes, please describe:	
Property damage ◯ Yes ◯ No ◯ Unknown	If yes, please describe:	
Did the event, condition, or circumstance involve a safety feature or safety equipment not operating as intended? ◯ Yes ◯ No ◯ Unknown	If yes, please describe:	
Was this event also reported to another authority (e.g. Workplace Safety and Health or Manitoba Hydro)? ◯ Yes ◯ No ◯ Unknown	If yes, please describe:	

III. ACTIONS TAKEN
What actions were taken immediately following the event or identification of the risk, if any? (e.g. equipment shut down, area secured, work stopped)

IV. ADDITIONAL INFORMATION (if known)		
Make/Model:	Serial #:	Permit/License/Certificate #:
Business or individual involved:		Was a permit posted on-site? ◯ Yes ◯ No ◯ Unknown

Email Submission:
If you are unable to access the online form, reports may be submitted by email to ITSEDintake@gov.mb.ca:

- Subject line, e.g. “Dangerous Incident/Unsafe condition of Elevating Device at 123 Main St.”
- Full name of the individual reporting the event
- Title or role of the individual reporting the event
- Contact information for the individual reporting the event
- Date, approximate time, and the location of the event, including the municipal address if one has been assigned
- Description of the event or unsafe condition, and equipment involved
- Extent of any injury or property damage resulting from the event