



**STATE OF MAINE
127th LEGISLATURE
SECOND REGULAR SESSION**

REPORT OF THE HAYRIDE SAFETY STAKEHOLDERS GROUP

**Joint Standing Committee on Criminal Justice and Public Safety
And
Committee on Transportation**

MARCH 2016

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EXECUTIVE SUMMARY

D. 1057, Resolve, To Review and Report Recommendations on the Safety of Motorized Farm Rides Provided for a Fee to the Public, tasked the State Fire Marshal's Office and the Maine State Police to convene a broadly representative group of stakeholders to review methods of ensuring the safety of the public on motorized hayrides, pumpkin rides and other farm rides that are offered for a fee to the public on farms and rural lands.

The efforts of the stakeholders group were focused on review of any existing requirements in other States, of which none were found. Additionally a review of the hayride opportunities presently available in the State were evaluated with a number of events being advertised publically; yet many were known to be available and yet only locally known through word of mouth. Given these various circumstances it was determined by the stakeholders group that a significant program of registration and permitting would be required if oversight were to be undertaken. Such a capacity for this type of service is presently not available within the resources of either agency at the present time.

Most difficult to overcome for oversight of this venue would be the lack of a substantive standard by which to inspect and enforce. As many of these tow vehicles are not used on public roads, there is no criteria for operational requirements other than the manufacturers' recommendations and guidelines. Thus the State would be required to develop their own with no measureable engineering guidelines to go by.

Assistance, in the form of safety recommended practices, to the general public and ride operators was determined by the stakeholders group to be the best practice the State of Maine could offer. This practice appears to be consistent with practices in other States and provides information allowing the general public and rider operators to make informed decisions as to the safety afforded the general public.

HAYRIDE SAFETY STAKEHOLDERS GROUP

Participant

Joseph Thomas
Richard McCarthy
Lt. Bruce Scott
Allen Additon
Rusty Weymouth
Fred Lunt
Pam Cahill
Bob Clark
Pam Vaillancourt
Bill Clark
Dale Fairbanks

Organization Represented

State Fire Marshal's Office
State Fire Marshal's Office
Maine State Police
Maine Department of Agriculture
Maine Association of Agricultural Fairs
Maine Fair Association
Maine Campground Owners Association
Maine Antique Tractor Club
Maine Antique Tractor Club
Maine Antique Tractor Club
Maine Antique Tractor Club

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND FIFTEEN

H.P. 726 - L.D. 1057

**Resolve, To Review and Report Recommendations on the Safety of
Motorized Farm Rides Provided for a Fee to the Public**

Sec. 1. Review. Resolved: That the State Fire Marshal, or the State Fire Marshal's designee, and the Chief of the Maine State Police, or the chief's designee, shall work together as cochairs to convene a broadly representative group of stakeholders to review methods of ensuring the safety of the public on motorized hayrides, pumpkin rides and other farm rides that are offered for a fee to the public on farms and rural land. The stakeholder group shall review requirements applicable to motorized vehicles that pull rides, trailers and wagons on which the public sits or stands. The stakeholder group shall review the requirements in effect in the State of Rhode Island, the status of proposed standards for hayrides developed by the American Society for Testing and Materials and the laws of this State that apply to motor vehicles; and be it further

Sec. 2. Report. Resolved: That the Office of the State Fire Marshal and the Maine State Police shall prepare a report and submit it to the Joint Standing Committee on Criminal Justice and Public Safety and the Joint Standing Committee on Transportation by February 1, 2016. The report must contain a description of the work undertaken by the stakeholder group and any findings and recommendations agreed upon by the stakeholders. Following review of the report the Joint Standing Committee on Criminal Justice and Public Safety and the Joint Standing Committee on Transportation may each separately submit legislation to the Second Regular Session of the 127th Legislature.

Date:

(Filing No. H-)

CRIMINAL JUSTICE AND PUBLIC SAFETY

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE
HOUSE OF REPRESENTATIVES
127TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 726, L.D. 1057, Bill, “An Act To Increase the Safety of Amusement Rides”

Amend the bill by striking out the title and substituting the following:

'Resolve, To Review and Report Recommendations on the Safety of Motorized Farm Rides Provided for a Fee to the Public'

Amend the bill by striking out everything after the title and before the summary and inserting the following:

'Sec. 1. Review. Resolved: That the State Fire Marshal, or the State Fire Marshal's designee, and the Chief of the Maine State Police, or the chief's designee, shall work together as cochairs to convene a broadly representative group of stakeholders to review methods of ensuring the safety of the public on motorized hayrides, pumpkin rides and other farm rides that are offered for a fee to the public on farms and rural land. The stakeholder group shall review requirements applicable to motorized vehicles that pull rides, trailers and wagons on which the public sits or stands. The stakeholder group shall review the requirements in effect in the State of Rhode Island, the status of proposed standards for hayrides developed by the American Society for Testing and Materials and the laws of this State that apply to motor vehicles; and be it further

Sec. 2. Report. Resolved: That the Office of the State Fire Marshal and the Maine State Police shall prepare a report and submit it to the Joint Standing Committee on Criminal Justice and Public Safety and the Joint Standing Committee on Transportation by February 1, 2016. The report must contain a description of the work undertaken by the stakeholder group and any findings and recommendations agreed upon by the stakeholders. Following review of the report the Joint Standing Committee on Criminal Justice and Public Safety and the Joint Standing Committee on Transportation may each separately submit legislation to the Second Regular Session of the 127th Legislature.'

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SUMMARY

This amendment replaces the bill with a resolve. The resolve directs the State Fire Marshal and the Chief of the Maine State Police to work together as cochairs to convene a broadly representative group of stakeholders to review methods of ensuring the safety of the public on motorized hayrides, pumpkin rides and other farm rides that are offered for a fee to the public on farms and rural land. The resolve requires the Office of the State Fire Marshal and the Maine State Police to prepare a report and submit it to the Joint Standing Committee on Criminal Justice and Public Safety and the Joint Standing Committee on Transportation by February 1, 2016. Following review of the report, the Joint Standing Committee on Criminal Justice and Public Safety and the Joint Standing Committee on Transportation are authorized to separately submit legislation to the Second Regular Session of the 127th Legislature.

FISCAL NOTE REQUIRED

(See attached)



Paul R. LePage
GOVERNOR

STATE OF MAINE
Department of Public Safety
Office of State Fire Marshal
52 State House Station
Augusta, ME 04333-0052

John E. Morris
COMMISSIONER

Joseph E. Thomas
STATE FIRE MARSHAL

March 16, 2016

Senator Kimberly Rosen
Representative Lori Fowle
Chairs, Joint Standing Committee on
Criminal Justice and Public Safety
100 State House Station
Augusta, Maine 04333

Senator Ronald Collins
Representative Andrew Mclean
Chairs, Joint Standing Committee on
Transportation
100 State House Station
Augusta, Maine 04333

Re: L.D. 1057 Resolve, To Review and Report Recommendations on the Safety of Motorized Farm Rides Provided for a Fee to the Public

Dear Senators, Rosen, Collins, Representative Fowle, Mclean
And Members of the Joint Standing Committee on
Criminal Justice and Public Safety and Transportation

In accordance with the provisions of L.D.-1057 a group of stakeholders met to discuss and make recommendations on the safety of motorized farm rides provided for a fee to the public. The following groups had representation at the meeting Maine State Police, Office of State Fire Marshal, Department of Agriculture, Campground Association, Maine Association of Agricultural Fairs, and The Maine Antique Tractor Club. In the process of convening this group multiple other agencies and groups were contacted but did not provide representation at this meeting.

PREVENTION * LAW ENFORCEMENT * RESEARCH

OFFICES LOCATED AT: 45 CIVIC CENTER DRIVE, AUGUSTA, MAINE 04330
(207) 626-3870 ADMINISTRATION/ INVESTIGATIONS (207) 287-3659 TDD (207) 287-6251 FAX
(207) 626-3880 INSPECTIONS/ PLANS REVIEW

During the meeting several topics were discussed, the following list is a breakdown of major issues that were covered.

1. Permitting process-(Application, fee, enforcement, records, insurance requirements)
2. Inspection process-(Inspection of trailer, Inspection of tow vehicle, verification of towing capacity)
3. Staffing and jurisdiction-(which agency has expertise in the subject matter)

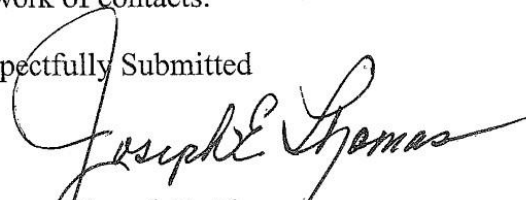
Currently there is no agency within the State of Maine who oversees motorized farm rides. The Maine State Police oversee the inspections of vehicles and trailers that operate on our public roads and our office oversees mechanical rides. Both of these activities are either license or permitted by one of the two agencies. When the permitting process was looked at one issue is the large number of motorized farm rides that are out there from an informal survey of several farms and orchards the number could reach upwards of 250-400 separate motorized farm rides. These locations ranged from farms to apple orchards to pumpkin growers to the agricultural fairs. A fee based system would have to be put in place to cover expenses since neither the MSP or SFMO have funding to cover such a task.

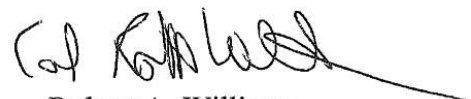
Under the Inspection process multiple road blocks are present to instituting a program in Maine. The first is a lack of a standard; ASTM just released a first draft of a standard to address this type of activity. The standard itself basically relies on the manufacturer of the tow vehicle and the trailer for guidance on maximum capacities. This is difficult when many rides utilize tractors that do not have a published towing capacity such as a truck would have. Also the trailers used also are designed for cargo and not passengers so capacities are expressed in pounds not numbers of people. Also unlike vehicles that get a State inspection many of these tow vehicles are not licensed to be used on our highways so any inspection would have to be performed onsite, thus not being able to use the current inspection program that is in place now.

Both the MSP and SFMO would require additional staff to undertake a program of this size. The inspectors assigned to this task would be required to obtain specialized training in a multitude of disciplines to cover the wide variety of vehicles used. The antique tractor group shared a number of guidelines they use when towing people at Fairs but all are based on rule of thumb or best practices, making enforcement nearly impossible. With the lacking of tow vehicle standards to go by would make this undertaking difficult to say the least.

The Stakeholders group agreed that at the current time there is very little that can be done to regulate motorized farm rides. During the discussions all at the table agreed that some sort of safety guidelines can be made available for those wishing to have such rides for the public. Many States issue general information to assist owners with operating safely. This was something that all stakeholders would like to see offered, but at this time none thought that regulation would be possible or feasible to be accomplished. It is the intent of the State Fire Marshal's Office to make hayride safety materials and resources available on the FMO Website and also distribute these materials through the Stakeholder group network of contacts.

Respectfully Submitted


Joseph E. Thomas
State Fire Marshal


Robert A. Williams
Chief Maine State Police

PREVENTION * LAW ENFORCEMENT * RESEARCH

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DRAFT

Standard Guide for Operation of Hayride Attractions

This standard is issued under the fixed designation X XXXX; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 The purpose of this practice is to delineate requirements regarding the operation, of hayride attractions with the primary purpose of entertainment, recreation or agritourism.

1.2 This standard applies to hayride attractions used primarily in entertainment, recreational or agritourism applications. Such applications include but are not limited to family entertainment centers, camps, shopping centers, malls, seasonal attractions, pumpkin patches, corn mazes, tree farms, temporary special events, fairs, carnivals and municipal parks.

1.3 This practice establishes guidelines that will provide a level of conformity for the purpose of reducing potential hazards to patrons, attendants, actors and spectators.

1.4 This standard does not purport to address all of the hazards associated with hayride attractions. The standard's existence alone will not prevent injuries. Like other physical activities, hayride attraction use involves the risk of injury, particularly if the equipment is used improperly or if users fail to follow the posted rules or fail to follow attendant's instructions.

1.5 The text of this standard references notes and footnotes which provide explanatory material. These notes and footnotes (excluding those in tables and figures) shall not be considered as requirements of the standard.

S. Sample Slow Moving Vehicle Signage



Note the Slow Moving Vehicles markers and wagon identification numbers.

T. Sample Hayride Emergency Evacuation Plan:

Hayride Emergency Evacuation Plan:

In the event of a catastrophic event located in the Hayride, the ticket taker will advise the Information Center of the incident via radio on Channel 3. The Information Center will then notify EMS and Security on the EMS Channel which is Channel 2. The Security Lead and The EMT Lead will evaluate the resources needed for the response and at a minimum 1 EMT and 1 Constable will respond to the event. The EMS provider will determine the need for additional outside resources and if not the lead EMT, will advise the Lead EMT who will contact LCWC and request the necessary resources to the scene.

All hayride personnel should report to one of the emergency meeting points. There are 2 locations:

- 1) The swale area across Spring St, next to the bank parking lot
- 2) The west end (far end) of parking lot in between parking lots 2 and 3

U. Sample Actor Guidelines:

HAYRIDE SAFETY RULES FOR ACTORS AND STAFF:

1. Hayride Safety

- NEVER hang on the wagons! This could cause bodily injury or even death.
- NEVER cross between the tractor and the wagon whether it is stopped or in motion.
- NEVER position yourself between the side of the wagon and a stationary object.
- Don't run through the field (always walk) and never jump from a point higher than three feet.
- Never adjust lights, sensors, props, or anything. Every part of your skit has been carefully planned and positioned. If there is a concern with this see the Field Manager.
- Be aggressive but in control. No foul language or sexual connotations will be tolerated.
- Do not get in the wagon.
- In between wagon remain to the side of your skit, never in the center of path to stay out of view of oncoming wagons.
- No smoking within 20 feet of the buildings or skits
- No one is allowed to be in this skit without having your **Health Form, Actor Agreement Form, and Actor Handbook Form signed!**
- **Never retaliate if you are hit.** Notify the field manager or security and get a description of the individual and where they were sitting. Every wagon has a number posted on it at several places. Since all of the wagons look identical, it is important that you know the wagon number.
- Watch for pinch points—be mindful of areas between the stage and the wagon and any other areas that you could get stuck between when the wagon is in the skit.
- In the event of someone smoking on the wagon or someone is using any type of lighter, **STAY IN CHARACTER**, but ask them to put it out
- If there are any issues, such as fighting or if a customer refuses stop smoking, you need to notify management. **DO NOT** try to deal with ANY issues yourself.

2. Fire

- Know where your nearest fire extinguisher is and how to use it
- If customers are present, keep calm and instruct everyone to follow you to safety

3. Medical Emergencies

- Try not to draw a crowd or attract unwanted attention to the situation.
- This is one of the few times which you are permitted to break character and contact a manager, EMT, or security immediately.
- Medical emergencies are best left to professionals. Unless you are a certified professional, return to your position and wait for further instructions.

4. Management and Security

- Managers and security will constantly be patrolling the event. They are doing certain jobs- please do not ask them to get refreshments for you.
- Report any technical or mechanical problems to them immediately.
- In case of medical emergencies, notify a manager at once. If an emergency vehicle is required, the onsite EMT staff is the only ones permitted to make that call.
- Sometimes people lash out in fear. Try to remain in an area so as not to get hit. You must decide if a customer was intentionally or unintentionally trying to hurt you. *If a customer has acted inappropriately, there are several things you should do:*
 1. If the incident was an accident, remind the customer that touching props and actors is not permitted.
 2. If you think that the customer has purposely hurt you (or tried to), keep your cool and stay alert. DO NOT get into a confrontation with them. Pick out something (a hairstyle, an article of clothing) that will help both you and security identify the customer in question. We will know how to best handle things from there.
 3. Remember that **we want to minimize incidents**, not escalate them.
- Any major problems or decisions are referred to managers who will have the final say.

V. Sample Actor Guidelines:

HAYRIDE ACTOR DIRECTIONS

Props/Costume: _____

JOB & TIPS: _____

- WARNING
1. **Only approach the wagon after the axles have passed. Do not risk falling in front of them. You could be killed!**
 2. **Never** run toward the hay wagon. You could slip and be injured. Be very careful on the plank not to fall off or into the wagon.
 3. **Never** get too close to the wagon. You or a patron could be injured.

Radio/Flashlight: At the beginning of the night, you will receive a radio and flashlight. Please make sure that you return both of these items and the end of the night. At all times, you are to remain on channel 3. This is designated as the hayride set workers chat line. Do **not** to attempt to talk on any other channels. Channel 2 is for the hayride drivers and supervisors. You should only contact this line **if you have any emergency**.

Listed below are the other channels. Please do **not** use them.

Channel 5- Parking Lot

Channel 7- Haunted House/House on Hill Shows/Midway Security

Channel 8- Medical Emergency Injury

End of night: When you are released from your position, please deliver your costume, radio and flashlight to _____ in the Hayride Narrator Trailer.

Attached to this directions sheet will be an instruction sheet for use of the security radio. Please carefully read it **before** you use your radio. Thanks.

Emergency: If you have an emergency, please call _____ on channel 7 or _____ on channel 2. If you have a medical emergency, please ask for help on channel 7 or 8. Do **not** use these channels unless you have an emergency.

Some general rules to follow are:

1. Always treat the patrons as nicely as possible; they paid to see the attraction and they deserve a good show.
2. Generally breaks are taken at your station. Periodically throughout the night a breaker will visit with you to bring you something to drink. If you need to leave your station during a break, please return as promptly as possible. We do not have sufficient breakers to allow you to leave your post for any longer than is absolutely necessary. Please think of the person after you who is waiting for their break and hope that the person before you is doing the same.
3. If you want to visit our other attractions, please do so on a night when you are not working. Even on slow nights, it takes longer than five minutes to see an attraction, so it is not possible during your breaks.
4. If you have a problem, call the _____ on channel 7 or _____ on channel 2. Only do so if you are experiencing a problem or an emergency. Your chat line with other hayride set workers is channel 3. If you have a medical emergency, please call for help on channel 7 or 8.
5. **Never leave your work area unattended.** If you need to leave for any reason, please call the breaker for the evening and he will come to your station to assist you.
6. If you hear about an injured person, please call Joe Leach (channel 7) or Angi Newton (channel 2) **immediately**.

Attachment: Security Radio Instruction Sheet

2014
SECURITY RADIO
INSTRUCTION SHEET

- CHANNEL 2 - HAYRIDE DRIVERS AND SUPERVISORS
CHANNEL 3 - HAYRIDE SET WORKERS CHAT LINE
CHANNEL 5 - PARKING LOT CHAT LINE
**CHANNEL 7 - HAUNTED HOUSE/HOUSE ON HILL SHOWS/MIDWAY
SECURITY/Parking Lot will monitor this channel**
CHANNEL 8 - MEDICAL EMERGENCY/INJURY CHAT LINE
CHANNEL 10 - [ATTRACTION NAME] CHAT LINE/Still must go to Channel 7 to contact remaining security force

RULES

1. Please use the designated channel for the specified purpose only. **Please keep talk to a minimum.** If you need to “chat” with someone for another reason, please use channel 10.
2. When someone is talking on the radio, do not “step” on them. Please allow them to finish their conversation before beginning yours.
3. If there is an emergency situation going on, stay off the radio until the emergency is resolved.
4. Always **talk slowly and clearly** on the radio. **No foul language etc.**
5. **NEVER** allow your radio to broadcast so that it can be heard by the customers.
6. Charge your battery every night. We do **not** have extra radios. Medical radios should **not** be charged for more than 24 consecutive hours.
7. Always protect your radio from the weather. If it is raining, please make sure that the radio is under your coat and wrapped in plastic. If the radio gets wet, it could break.
8. If you are having a problem with your radio, please prepare a written note specifically describing the nature of the problem. Place the radio **and all attachments** (including the charger) in a sealed plastic bag and give it to _____ with your written note.
9. If you need a replacement part or new battery for your radio, please deliver a written note to _____. Do not ask _____ because she does not have any spare parts or batteries.

W. Sample Actor Guidelines:

RECEIPT OF THE OPERATOR/ACTOR TRAINING DOCUMENTATION

Please Read:

I hereby acknowledge that I have received and read a copy of the [attraction] Staff Handbook.

I have agreed to abide by all the company rules and regulations contained in the handbook, including, but not limited to:

- I RECEIVED THE PROPER TRAINING FOR MY POSITION AT [attraction]
- I UNDERSTAND HOW TO PERFORM & OPERATE MY SKIT AND AREA
- I WILL NOT CHANGE SKITS WITHOUT THE PROPER KNOWLEDGE OF THAT SKIT AND AREA
- I KNOW THE FIRE SAFETY & EVACUATION PROCEDURE
- I KNOW WHAT TO DO INCASE OF A MEDICAL EMERGENCY OR DISORDERLY PATRON

PLEASE **PRINT NAME** CLEARLY HERE

PLEASE **SIGN** NAME HERE

DATE

X. Sample Safety Rules for Patrons:

**HAUNTED
HAYRIDE
RULES**

NO SMOKING • NO ALCOHOL • NO PROFANITY
NO LIGHTERS/LASER POINTERS
(will be confiscated & NOT returned)

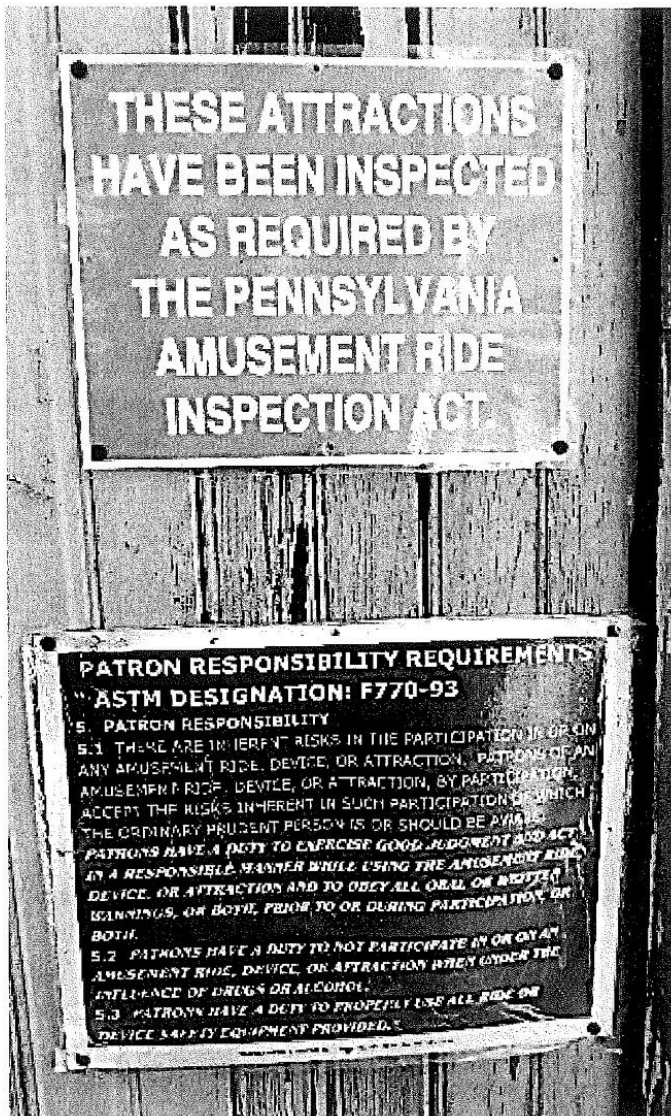
- **NO TOUCHING ACTORS/PROPS**
- **NO CAMERAS/VIDEO CAMERAS**
- **NO STANDING**
- **NO THROWING HAY**

**THOSE NOT FOLLOWING THE RULES WILL BE IMMEDIATELY
REMOVED WITHOUT REFUND!**

STROBE LIGHTS & FOG MACHINES ARE IN USE.
Not recommended for pregnant women and
people with a medical condition.

BEWARE!
**YOU ARE ENTERING
AT YOUR OWN RISK!**

Y. Sample Safety Rules for Patrons:



Z. Sample Medical Incident Report:

INCIDENT/INJURY REPORTS

NAME: _____ DOB: _____ AGE: _____

IF MINOR, PARENT'S

NAME: _____

IF MINOR, ADULT PRESENT AT

HH: _____

PATRON _____ VOLUNTEER _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ HOME PHONE

WORK PLACE: _____ WORK PHONE

INSURANCE

INFORMATION: _____

DESCRIPTION OF

INCIDENT/INJURY/CAUSE _____

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Electrical Contact | <input type="checkbox"/> Falling Object | <input type="checkbox"/> Inhalation |
| <input type="checkbox"/> Sharp Object | <input type="checkbox"/> Slip/Trip | <input type="checkbox"/> Caught In | <input type="checkbox"/> Exertion |
| <input type="checkbox"/> Stepped in Hole | <input type="checkbox"/> Caught On | <input type="checkbox"/> Pushed Against | <input type="checkbox"/> Struck By |
| <input type="checkbox"/> Car Accident | <input type="checkbox"/> Tripped | <input type="checkbox"/> Other | |

LOCATION:

___ Parking lot ___ Restroom/Port-a-John ___ House ___ Other
___ Line ___ Concession Stand ___ HOH
___ [Attraction Name] ___ Hayride

WHEN OCCURRED:

DAY _____ DATE: _____ TIME: _____

WITNESSES FROM HAUNTED

HOUSE: _____

OTHER WITNESSES:

NAME: _____

ADDRESS: _____

AGE: _____ PHONE

NAME: _____

ADDRESS: _____

AGE: _____ PHONE

WAS WORKER INVOLVED ___ NO ___ YES WORKER

NAME _____

ADDITIONAL

INFORMATION/COMMENTS: _____

FOLLOW-UP

CALL: _____

___ Injury ___ Illness

Type of Injury(s): (check all that apply)

- | | | | |
|-----------------|---------------------|--------------------|----------------------|
| ___ Cut | ___ Abrasion | ___ Foreign Object | ___ Electrical Shock |
| ___ Fracture | ___ Insect Bite | ___ Strain/Sprain | ___ Scrape |
| ___ Dislocation | ___ Rupture | ___ Rash | ___ Other |
| ___ Contusion | ___ Burn (thermal) | ___ Exposure | |
| ___ Puncture | ___ Burn (chemical) | ___ Amputation | |

Injured Part of Body: (check all that apply)

- | | | | | | | | |
|-----|----------------|-----|-----------|-----|------------|-----------|-------------|
| Rt | Lt | Rt | Lt | Rt | Lt | | |
| ___ | ___ Eye | ___ | ___ Wrist | ___ | ___ Calf | ___ Head | ___ Abdomen |
| ___ | ___ Collarbone | ___ | ___ Hand | ___ | ___ Knee | ___ Mouth | ___ Groin |
| ___ | ___ Shoulder | ___ | ___ Thumb | ___ | ___ Ankle | ___ Teeth | ___ Finger |
| ___ | ___ Arm | ___ | ___ Hip | ___ | ___ Foot | ___ Neck | ___ Toe |
| ___ | ___ Elbow | ___ | ___ Leg | ___ | ___ Instep | ___ Nose | ___ Chest |
| ___ | ___ Forearm | ___ | ___ Thigh | ___ | ___ Ribs | ___ Back | ___ Other |

FIRST AID GIVEN ___ NO ___ YES TIME _____

Type of _____

Aid: _____

Condition on

Release: _____

_____ Dismissed _____ Sent to Doctor _____ Sent Home _____ Sent to Hospital

With

Whom _____

Treatment/Instructions _____

PLEASE

RESUPPLY: _____

SIGNATURE OF FIRST AID

ATTENDANT: _____

SIGNATURE OF REPORT

FILER: _____

Person completing this form: _____

INJURY/RELEASE FORM

The undersigned hereby acknowledges receipt of **minor medical treatment** from a volunteer at the [attraction name] on this _____ day of _____, 2014. The undersigned acknowledges that no additional medical treatment is required by the undersigned. The undersigned releases and holds harmless the [attraction name] and its personnel and volunteers from any and all claims in connection with the medical treatment received by the undersigned.

Signature of Patron (or adult with a minor) _____

Printed name: _____

Signature of Haunted House Volunteer _____

Address and phone number of Volunteer _____

Printed name of Volunteer _____

Signature of witness _____

Address and phone number of witness _____

Printed name of witness _____

AA. Sample Medical Incident Report:

EMS PATIENT CARE REPORT

Date:		Time	
Incident Location		Staff/ Patron	
Patient Complaint:			
Patient Name:		Age:	
Address:		City State Zip	
DOB:		Phone:	Allergies:
Past Med. History:		Meds:	
Guardian Name:		Relationship:	
Time:			
Blood Pressure	/	/	/
Pulse			
Pulse Ox			
Respirations			
Staff Member Returned to work:		Staff Member Sent home:	
Transported to what location:		Transported by who:	
Equipment Used:			

Narrative:

Notified How:	
Arrived to Find:	
HPI:	
Physical Exam:	
Treatments Rendered:	

Chart Completed by:

Certification Number:

AB. Sample Medical Incident Report:

MEDICAL PLAN (ICS 206)

Incident Name:	2. Operational	Date From:	Date To:
		Time From:	Time To:

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
			<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
			<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
			<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

In the event of any medical situations treat initially on site, and if unable to control the situation or the patient needs transport to an Emergency Facility contact _____ County Wide Communications via telephone at _____

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206	IAP Page	Date/Time:
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1 **ICS 206**

2 **Medical Plan**

3

4 **Purpose.** The Medical Plan (ICS 206) provides information on incident medical aid stations,
5 transportation services, hospitals, and medical emergency procedures.

6

7 **Preparation.** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety
8 Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air
9 Operations.

10

11 **Distribution.** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and
12 given to all recipients as part of the Incident Action Plan (IAP). Information from the plan
13 pertaining to incident medical aid stations and medical emergency procedures may be noted on
14 the Assignment List (ICS 204). All completed original forms must be given to the
15 Documentation Unit.

16

17 **Notes:**

- 18 • The ICS 206 serves as part of the IAP.
- 19 • This form can include multiple pages.

20

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).

Block Number	Block Title	Instructions
	<ul style="list-style-type: none"> Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the medical aid station(s).
	<ul style="list-style-type: none"> Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	<ul style="list-style-type: none"> Ambulance Service 	Enter name of ambulance service.
	<ul style="list-style-type: none"> Location 	Enter the location of the ambulance service.
	<ul style="list-style-type: none"> Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the ambulance service.
	<ul style="list-style-type: none"> Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS 	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time <ul style="list-style-type: none"> • Air • Ground 	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center <input type="checkbox"/> Yes Level: _____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self-explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> • Name • Signature 	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

Hayride Safety Checklist



No.	Inspection Item	Present	Needs Correction	Date Corrected
1	Are all hayride routes regularly reviewed to ensure that none cross public roads or highways?			
2	Do the hayride routes avoid steep grades or other hazards?			
3	Does the wagon used for hayrides have sturdy steps and railings?			
4	Is the wagon inspected before each hayride to check for loose boards, sharp edges, and exposed screws or nails?			
5	Is the wagon (and tractor if pulled by a tractor) inspected for safe and efficient operation before each use?			
6	Are harnesses, hitches and safety chains inspected prior to each use?			
7	If a tractor is used for a hayride, does the tractor weigh more than the gross weight of the wagon?			
8	Is only one wagon pulled at a time?			
9	Are guests loaded onto the wagon only after the wagon is hitched to the horses or tractor?			
10	Does the driver prohibit children from riding up front with him?			
11	Is the driver a responsible adult, experienced in pulling wagons?			
12	Does the driver proceed slowly and carefully, prepared to stop at the request of the visitors at any time?			
13	Do employees ensure that children are accompanied by adults?			
14	Are the safety rules communicated to the guests once they are seated and ready for the ride?			
15	Do employees ensure visitors know to remain seated while the wagon is in motion?			

Resources that can be used to address these checklist items are available at www.safegratourism.com/Resources. These resources include signs, policies, forms, logs, and other items.

Hayride Safety Checklist

Review Date: _____

Reviewed By: _____

No.	Inspection Item	Present	Needs Correction	Date Corrected
1	Are all hayride routes regularly reviewed to ensure that none cross public roads or highways?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Do the hayride routes avoid steep grades or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the wagon used for hayrides have sturdy steps and railings?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is the wagon inspected before each hayride to check for loose boards, sharp edges, and exposed screws or nails?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Is the wagon (and tractor if pulled by a tractor) inspected for safe and efficient operation before each use?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are harnesses, hitches and safety chains inspected prior to each use?	<input type="checkbox"/>	<input type="checkbox"/>	
7	If a tractor is used for a hayride, does the tractor weigh more than the gross weight of the wagon?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is only one wagon pulled at a time?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are guests loaded onto the wagon only after the wagon is hitched to the horses or tractor?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Does the driver prohibit children from riding up front with him?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Is the driver a responsible adult, experienced in pulling wagons?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Does the driver proceed slowly and carefully, prepared to stop at the request of the visitors at any time?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Do employees ensure that children are accompanied by adults?	<input type="checkbox"/>	<input type="checkbox"/>	
14	Are the safety rules communicated to the guests once they are seated and ready for the ride?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Do employees ensure visitors know to remain seated while the wagon is in motion?	<input type="checkbox"/>	<input type="checkbox"/>	

Resources that can be used to address these checklist items are available at www.safeagritourism.org/Resources. These resources include signs, policies, forms, logs, and other items.