



KOOPMAN LUMBER CO. Accident Form

Complete this form after any incident on the job. Sections are provided for both incidents that resulted in injury and incidents resulting in property damage. This form shall be submitted to Human Resource Office no later than 24 hours after an incident has occurred.

INCIDENT INFORMATION:

TODAY'S DATE:	DATE & TIME OF INCIDENT:	Weather:
CITY:	STATE:	Photos: YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCATION OF INCIDENT:		When:
		By Whom:
Reporting Timeline:	Reported by:	Reported by:
	To:	To:
	Date and Time:	Date and Time:

NATURE OF INCIDENT:

Near Miss	Injury	Other
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DESCRIPTION OF INCIDENT:

PERSON INVOLVED:

NAME:		PHONE #:
ADDRESS:		OCCUPATION:
DATE OF HIRE:	BIRTH DATE:	DID THE INCIDENT RESULT IN AN INJURY: YES <input type="checkbox"/> NO <input type="checkbox"/>
TASK AT THE TIME OF INCIDENT:		LEVEL OF MEDICAL ATTENTION:
TYPE OF INJURY:		BODY PART AFFECTED:
NAME OF PERSON INVOLVED'S SUPERVISOR:		PHONE #:

WITNESSES

WAS THERE A WITNESS PRESENT AT THE TIME OF THE ACCIDENT/INCIDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	
WITNESS NAME:	PHONE #:
WITNESS NAME:	PHONE #:

Attachment A

Injured Person's Statement of Incident

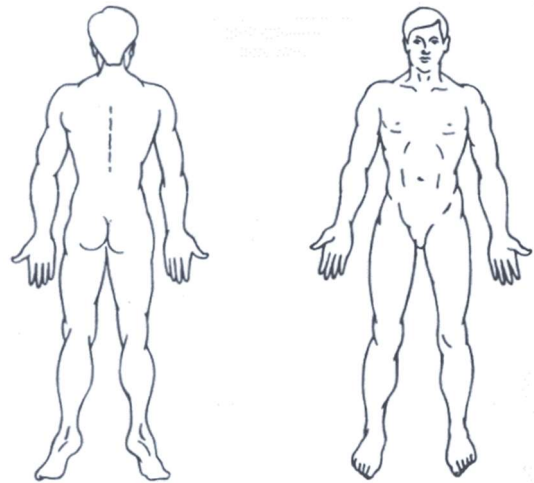
Today's Date and Time:

Date and Time of Incident:

Description of incident:

Description of Injury:

Indicate exact location of injury or discomfort



Injured Person's Signature:

Supervisor's Signature:
