# KOOPMAN LUMBER CO.
## Accident Investigation 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 ☐  NO ☐ <br> When: |
| LOCATION OF INCIDENT: | | By Whom: |

## PERSON INVOLVED: (In cases involving injury, injured person shall fill out Attachment A)

| | | | |
|---|---|---|---|
| NAME: | | | PHONE #: |
| ADDRESS: | | | OCCUPATION: |
| DATE OF HIRE: | BIRTH DATE: | DID THE INCIDENT RESULT IN AN INJURY: | YES ☐  NO ☐ |
| TASK AT THE TIME OF INCIDENT: | | LEVEL OF MEDICAL ATTENTION: | |
| TYPE OF INJURY: | | BODY PART AFFECTED: | |
| NAME OF PERSON INVOLVED'S SUPERVISOR: | | | PHONE #: |

## INVESTIGATION INFORMATION (Fill out for all Incidents):

Incident Description:

_____

_____

_____

_____

_____

_____

Did the incident cause an interruption in work, or use of property?   YES ☐   NO ☐   (If yes, describe below)

_____

_____

_____

Describe the training this person had to perform this work:

_____

_____

Is Worker Re-Training Required?    YES ☐    NO ☐    (If yes, describe standard and targeted completion date below)

_____

_____    Targeted Completion Date:_____

Is there a Written Safety Program covering the activity?    YES ☐    NO ☐    (If yes, attach a copy)

Was work completed in conformity with Koopman Lumber Safety Program?  YES ☐    NO ☐    (If no, describe below)

_____

_____

_____

What conditions are believed to have caused or contributed to the incident?

_____

_____

_____

_____

What corrective actions will be taken to prevent this incident from happening in the future?

_____

_____

_____

_____

_____

_____

What do you feel was the cause of the damage and what actions should be taken to prevent a recurrence of this incident?

_____

_____

_____

_____

_____

## Attachment C – Witness Information

| WITNESS NAME & ADDRESS: | PHONE(S) #: |
|---|---|
| EMPLOYER NAME & ADDRESS: | PHONE(S) #: |
| ADDITIONAL REMARKS: | |

## Witness Statement of Incident

Witness' Task/Location at Time of Incident:

_____

_____

Description of Incident:

_____

_____

_____

_____

_____

Description of Injury or Damage Observed:

_____

_____

_____

| Witness Signature: | Supervisor's Signature: |
|---|---|