

Form Updated: February 2021

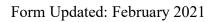
## KOOPMAN LUMBER CO.

## **Accident Investigation Form**

NCIDENT INFORM ODAY'S DATE:		DATE & TIME OF	INCIDENT:	Weather:
CITY:		STATE:		Photos: YES NO When:
OCATION OF INCIDENT:				By Whom:
ERSON INVOLVED	): (In cases involvin	g injury, injur	ed person shall fill ou	t Attachment A)
AME:				PHONE #:
DDRESS:				OCCUPATION:
ATE OF HIRE:	BIRTH DATE:		DID THE INCIDENT RESULT IN A	AN YES NO
ASK AT THE TIME OF INCID	ENT:		LEVEL OF MEDICAL ATTENTION	N:
	TYPE OF INJURY:			
YPE OF INJURY:			BODY PART AFFECTED:	
	VED'S SUPERVISOR:		BODY PART AFFECTED:	PHONE #:
AME OF PERSON INVOL		out for all Incid		PHONE #:
AME OF PERSON INVOL	VED'S SUPERVISOR:  FORMATION (Fill o	out for all Incid		PHONE #:
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Form Updated: February 2021 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?





	itness Information	
WITNESS NAME & ADDRESS:		PHONE(S) #:
EMPLOYER NAME & ADDRESS:		
EMPLOYER NAME & ADDRESS:		PHONE(S) #:
ADDITIONAL REMARKS:		
L		
Witness Statem	nent of Incident	
Witness' Task/Location at Time of Incident:		
Description of Incident:		
Description of Injury or Damage Observed:		
Witness Signature:	Supervisor's Signature:	

