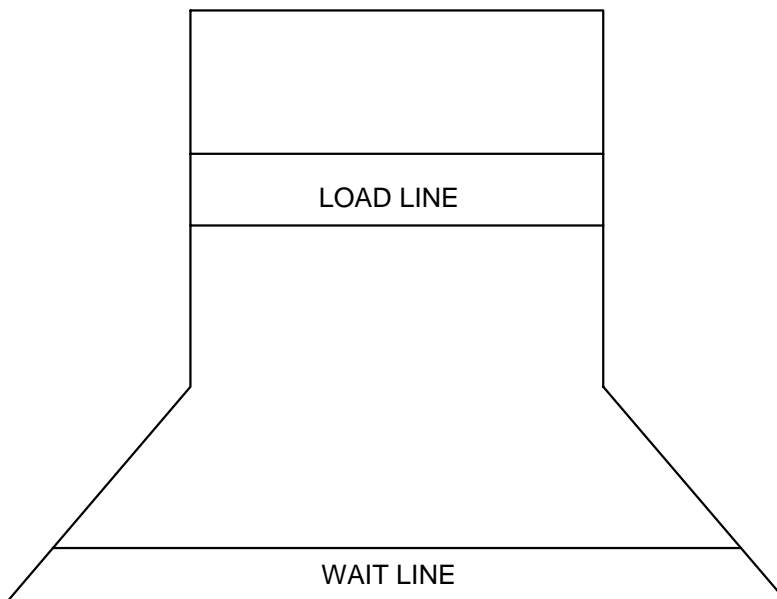


# LIFT LOADING INCIDENT DIAGRAM

INJURED'S NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LIFT INVOLVED: \_\_\_\_\_



- With "X" Mark Location of Operator(s)
- With "O" Mark Location of Injured
- With "Δ" Mark Location of Others Involved
- With "ü" Mark Location where Chair Stopped
- Show Location of Bull Wheel, Haul Rope with Direction of Travel, Stop Gate, Cones, Signs, Operators Building, etc. (if applicable)
- Include all Measurements

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_