

LIFT OPERATOR COMMENTS

INJURED'S NAME: _____ PAGE ____ OF ____

INCIDENT # _____ DATE OF INCIDENT: _____ TIME: _____

LIFT OPERATOR'S NAME: _____ SS# _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ LIFT INVOLVED: _____

TERMINAL: ? TOP ? BOTTOM ? ON-LINE _____

SPECIFIC LOCATION OF INCIDENT/INJURED: _____

LOCATIONS OF OTHERS INVOLVED: _____

YOUR LOCATION: _____ OTHER EMPLOYEES: _____

WHAT DID YOU SEE? WHEN DID YOU FIRST NOTICE PROBLEM?: _____

WHAT DID INJURED SAY? (INSTRUCTIONS/REQUESTS): _____

OTHER PASSENGERS: _____

WHAT DID YOU DO?: _____

WHAT DID PASSENGER(S) DO?: _____

EQUIPMENT/TOOLS INVOLVED: _____ IF YES, WHAT?: _____

ANY INDICATION OF ALCOHOL/DRUG USE?: _____

SPECIFIC LOCATION OF CHAIR WHEN STOPPED (IF APPLICABLE)?: _____

ALL SIGNS IN PLACE AND VISIBLE?: _____

DESCRIBE WHAT HAPPENED: (**USE "ADDITIONAL COMMENTS" FORM IF NEEDED**) _____

I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.
SIGNED THIS _____ DAY OF _____, 20_____.

OPERATOR'S SIGNATURE: _____