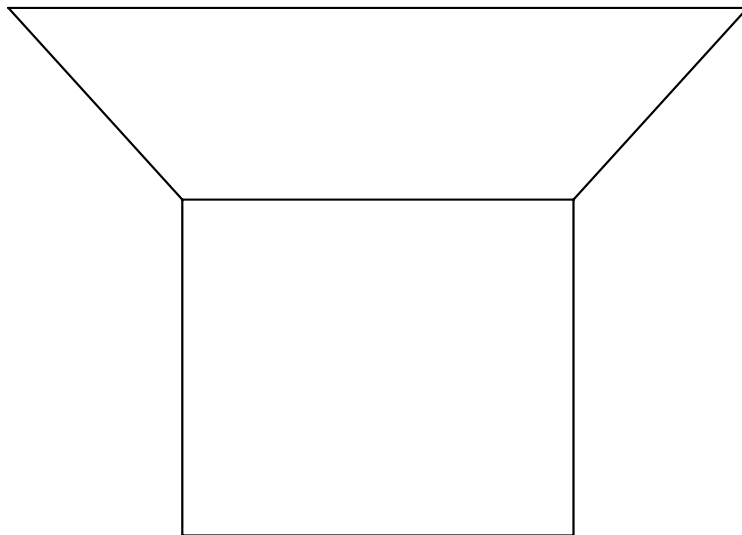


LIFT UNLOADING INCIDENT DIAGRAM

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: _____