STATEMENT OF WITNESS TO AN INCIDENT

WHO IS MAKING THIS STATEMENT:	
Your Name:	
Department:	Job Title:
Contact Information: Work phone:	
Contact phone:	☐ Cell ☐ Home
Name of your foreman or supervisor:	

INCIDENT INFORMATION:		
Date of Incident:	Time of Incident:	☐ AM ☐ PM
Name of Interviewer and/or Translator (if applicable)		

INCIDENT DETAILS:
How close were you when the incident occurred (in feet)?
Did you see the incident? ☐ Yes ☐ No
Who, if anyone, was injured?
Where did it happen? (Name of street, building, office, etc.)
What happened?
What did you notice about the injured person? (such as bleeding, limping, vomiting etc.)
What complaints did the injured person make (such as where was the pain?)
What happened immediately after the incident?
Did the employee continue to work? ☐ Yes ☐ No
Was anyone else present at the time? ☐ Yes ☐ No If yes, what were their names?
Do you have any suggestions on how to prevent this from happening again?

_____ _____

Witness Signature *Date*

_____ _____ _____

Supervisor's Signature *Contact Number* *Date*