

Witness Statement

To the witness - Briefly explain in your own words the circumstances that led to the incident. Your comments are important to help us to identify and correct hazards before they cause serious injuries. This form shall be completed as soon as possible and given to your Department Director (who shall forward a copy to the Safety Coordinator) for further action. Thank you.

Name: (Print) _____ Telephone #: _____

Home Address: _____

City: _____ Zip Code: _____

Job Title: _____ Department: _____

Department Director/Supervisor: _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

What were you doing at the time? _____

Describe what led up to the incident: _____

Recommendation on how to prevent this type of incident from recurring: _____

I have written the above statement and certify that it is true to the best of my knowledge.

Signature: _____ Date: _____

Continue on back if necessary

