#  Incident Witness Statement

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| --- | --- |
| Name of injured employee | Date of Incident |
| Name of witness | Date of statement |

Were you in the area when the incident occurred? Yes No

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Did you see the incident happen? Yes No

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If “Yes” to either of the above, describe what you observed in detail.

How can a similar incident be prevented in the future?

Was an injury reported as a result of the incident? Yes No Have you ever heard the injured employee ever complain of a similar injury or illness? Yes No Are you aware of any previous injuries/incidents, on or off the job, that the employee has had? Yes No

If so, describe.

I affirm that the above information is complete and accurate to the best of my knowledge.

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Witness signature Date

## Please keep on file for your records.