

Insert Logo Here

EMPLOYEE / WITNESS STATEMENT

Witness Contact Information:
(Name, Address, Phone)

List any other Witnesses:
(Name, Address, Phone)

Date of Incident:

Time of Incident:

Supervisor Notified Date:

Supervisor Notified Time:

Describe in detail the circumstances of the incident. Give a chronological sequence of events. If materials, equipment and/or vehicles were involved, start before they were brought to the incident scene and describe who, what, where, when, how, and why the incident happened in your words below.

In your opinion, what suggestions do you have to prevent future occurrences?

Print Name

Signature

Date