



WITNESS REPORT

Client Name/Location _____ Date _____

Injured Employee's Name _____

Incident Location *(be specific)* _____

Witness Name *(Last Name, First Name, Middle Int.)* _____

Shift _____ Department _____ Supervisor _____

Incident Date _____ Time _____ AM PM

STATEMENT OF WITNESS

I witnessed the incident occur Yes No

I was working with the injured person Yes No

What was the injured person doing at the time of the incident _____

Where were you in respect to the injured employee? _____

Were there other witnesses to the incident? _____

What did you see, or hear, happen? _____

What caused the incident? _____

What protective equipment (PPE) did the injured employee have on? _____

What part of the body did the employee injure? _____

I swear that the above statement in regards to the incident and its surrounding events is true to the best of my knowledge.

Witness Signature _____ Date _____