

WITNESS - STATEMENT TO ACCIDENT OR INCIDENT

GENERAL INFORMATION

Person Giving Statement:

Department:	Title	Date:	Time:
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Address

City:	State:	Zip:	Telephone ()::
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Supervisor:

Department:	Title:	Date:	19	Time:
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INJURY INFORMATION

Person Injured:	Shift:	Work Phone
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Department:	Title:	Date Injured:	Time Injured:
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Address:

City:	State:	Zip:	Telephone ()::
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Supervisor:

Department:	Title:
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NARRATIVE OF ACCIDENT OR INCIDENT

Machine:	<input type="checkbox"/> N/A	Serial Number:	<input type="checkbox"/> N/A	Location:	<input type="checkbox"/> N/A
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I Give This Statement Of My Own Free Will:

Signature:	Name:	Date:	20	Time:
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COMMENTS & CONTRIBUTING FACTORS

1. How Do You Think The Accident Occurred?

2. What Factors Do You Feel Led To The Accident?

3. Why Do You Think The Accident Occurred?

4. Do You Think Unsafe Attitudes Contributed To The Accident? ☐ No ☐ Yes - Explain

5. Do You Think Unsafe Behaviors Contributed To The Accident? ☐ No ☐ Yes - Explain

6. What Do You Think Should be Done To Prevent Future Accidents Of This Type?

7. Additional Personal Comments

I Give This Statement Of My Own Free Will:

Signature:	Name:	Date: 20	Time:
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