



WITNESS STATEMENT

Date of Incident:	Time of Incident:	Statement Date:
Location of Incident:	Statement Time:	
General Foreman Name:	Job#	
Witness Name:	Phone#	
Employer:		
Employee(s) Involved:		
Were you involved in the Incident?		
Equipment/Machinery Involved:		

Directions to the witness – Complete in your own words, the immediate events leading up to and including the incident. Your efforts are important to help determine the facts about this incident.

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

Witness Signature:	Date:
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