

# WITNESS STATEMENT FORM

The Interviewer shall:

- Inform the witness that this statement is confidential and will only be accessed by authorized persons.
- Allow the witness to answer the questions without persuasion.

Both persons must sign and date the last page of this statement.

<b>Witness Name:</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Employer:</b>		<b>Contact Phone:</b>	
<b>Job Role:</b>		<b>Time in this Role:</b>	
<b>Incident Date:</b>		<b>Time: (24 hour)</b>	



# SAMPLE

ORDER NOW AND GET FULL ACCESS

What conditions do you think influenced the incident? (Date of this incident, equipment, working conditions)

How do people influence the incident? (e.g. management, training, etc.)

Is there anyone else who has been involved in the incident?

In Your Opinion, How Do You Think the Incident Could Have Been Prevented?

Were There Any Other Witnesses?



**SAMPLE**

**ORDER NOW AND GET FULL ACCESS**

Is your incident?

Has there been a follow-up?

Has your incident been closed or pending?

Has your incident been closed or pending?

When you are in the office, please report a follow-up.

Region: **North**

Additional Comments: **Observation**

Witness Name

Witness Name

Witness Name  
Witness Name  
Witness Name