

WITNESS ACCOUNT OF INCIDENT

Name of Witness: _____ Job Title: _____

Name of Person Involved in Incident: _____

Name of your Supervisor: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please explain, in detail, your accounts of what happened (ex: What lead up to the event, if anything, what caused it, what tools and machines were used.):

Were there safety regulations in place? [] Yes [] No

If yes, please give a brief description to your knowledge on which safety precautions were put in place before the incident?

By signing this sheet you here by testify that all accounts stated on this report are true, accurate, and complete to the best of your knowledge.

Signature: _____ Date: _____