|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident |  | Time of Incident |  |
| Company Name |  | Location |  |
| Site Supervisor |  | Phone # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Name and Contact Information |  | Employer’s Name and Address |  |
| Supervisor Name |  | Phone # |  |

|  |  |
| --- | --- |
| Describe the Incident. |  |
| Immediately before the incident, what did you see? Did you notice anyone doing anything wrong? Did you warn them? Where were you at? How far away? What did you see? |  |
| During the incident, what did you see? |  |
| Immediately after the incident, what did you see? |  |
| Have you spoken with anyone else concerning this incident? |  |
| Additional Comments |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Investigator |  | Company Name |  |
| Signature |  | Date |  |