

WITNESS/INJURED PERSON STATEMENT

This statement is provided by: Witness Injured Person

See 2.26.

NAME OF WITNESS		NAME OF INJURED PERSON		HOME TELEPHONE
DEPARTMENT				WORK TELEPHONE
INCIDENT DATE	INCIDENT TIME	INCIDENT LOCATION		
DESCRIBE WHERE YOU WERE AT THE TIME OF THE INCIDENT				
DESCRIBE THE GENERAL WORK OR ACTIVITY BEING PERFORMED				
DESCRIBE THE SPECIFIC EVENTS THAT HAPPENED JUST PRIOR TO THE EVENT				
DESCRIBE THE INCIDENT (Include specific work/activity involved; tools and equipment used; the use or nonuse of personal protective equipment; written and/or oral rules; any verbal statements made; general site conditions, e.g., lighting, noise, unusual odors, housekeeping, weather.) NOTE: Add any additional pages if necessary for additional description or drawings.				
DESCRIBE THE INJURY/ILLNESS (Specify body parts and injury/illness type.)				

I have read and had the opportunity to correct this statement consisting of _____ pages.
This statement is true and correct to the best of my knowledge and belief.

SIGNATURE OF WITNESS OR INJURED PERSON	DATE
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