

# Section 18 (d) – Incident Witness Statement Form

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?	

# Section 18 (d) – Incident Witness Statement Form

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	