

## WITNESS STATEMENT INJURY/ACCIDENT INVESTIGATION

### EMPLOYEE DATA

NAME OF EMPLOYEE	DATE OF INJURY
NAME OF WITNESS	DEPARTMENT
DID YOU SEE THE ACCIDENT HAPPEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WERE YOU IN THE AREA WHERE THE ACCIDENT HAPPENED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### INCIDENT DATA

WHERE EXACTLY DID THE ACCIDENT HAPPEN?

EXPLAIN WHAT HAPPENED

WAS IT OBVIOUS THAT THE EMPLOYEE WAS HURT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT BODY PART WAS INJURED (BE SPECIFIC)?	

### INCIDENT DETAILS

WAS THE EMPLOYEE USING A TOOL OR MACHINERY WHEN INJURED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE THE EQUIPMENT	
HAVE YOU EVER HEARD THE EMPLOYEE COMPLAIN OF SIMILAR INJURY OR ILLNESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HEARD THE EMPLOYEE TALK ABOUT THE JOB INJURY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AWARE OF ANY OTHER ACCIDENTS, PERSONAL OR ON-THE-JOB, THAT THIS EMPLOYEE HAS HAD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, DESCRIBE	
DID THE EMPLOYEE VIOLATE A KNOWN SAFETY RULE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU KNOW FOR A FACT THE EMPLOYEE WAS AWARE OF THE SAFETY RULE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU KNOW IF THE EMPLOYEE WAS EVER CAUTIONED BY A SUPERVISOR OR ANYONE ELSE ABOUT UNSAFE WORK HABITS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

WHAT DO YOU THINK CAUSED THE INCIDENT/ACCIDENT?

<input type="checkbox"/> UNGUARDED EQUIPMENT	<input type="checkbox"/> NON-EMPLOYEE
<input type="checkbox"/> EMPLOYEE CARELESSNESS	<input type="checkbox"/> HORSEPLAY
<input type="checkbox"/> DELIBERATE VIOLATION OF SAFETY RULE	<input type="checkbox"/> POORLY MAINTAINED EQUIPMENT
<input type="checkbox"/> ANOTHER EMPLOYEE	<input type="checkbox"/> PRESSURE TO WORK FASTER

WHAT CAN BE DONE TO PREVENT A SIMILAR ACCIDENT IN THE FUTURE?

TO THE BEST OF MY KNOWLEDGE THE ABOVE QUESTIONS ARE ANSWERED TRUTHFULLY.

SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

(Witness)	(Date)	(Manager/Supervisor)	(Date)
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