

NO. _____

WITNESS REPORT OF ACCIDENT

Injured Employee's Name _____

Name of Witness _____ Job Title _____

Date of Accident _____ Time of Accident _____

Describe How Accident Occurred _____

Weather Conditions (if Applicable) _____

Do You Normally Work with This Person? _____ Were You Injured? _____

Were You Directly Involved in This Accident? _____

What Could Have Been Done to Avoid This Accident? _____

Any Further Comments _____

Witness Signature _____ Date _____
Work Phone Number _____

Compliance Officer _____ Date _____