

ACCIDENT / INCIDENT WITNESS OR INTERVIEW STATEMENT

Last Modified:

MODULE 14

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☐ Involved or ☐ Witr	ness Wa	as there an in	jury as a result if tl	his event? YE	S or 🗆 NO	
Name		Employee ID#		Hire Date	Hire Date	
Department		Crew Jo		Job Title	b Title	
Supervisor		Contractor / Company Name				
Event Date	Event Time _	AM PM	Day in Rotation_	Hrs. Slept	Prior	
Event Location						
equipment, machine, too						
Report Prepared by				Date		
Employee Signature				Date		
Supervisor Signature				Date		