

Policy:	Witness Statement Form	Reference:	WSFSES0004
		Review Date:	03/2023

Name:			
Address:			
Telephone No:			
Job Title:			
Injured Party	Yes:		No:
If non-employee state Company Name, Address, and telephone number:			

I.....understand that the primary purpose of this statement is in the interest of accident prevention. However, I understand that the information provided by me may also have to be revealed to the HSE or other reportable authorities. The facts and observations written below are true to the best of my knowledge and are made of my own free will.

Incident details.

Date of incident:		Time (24hr Clock):	
Brief description of incident: Include any Machinery / Plant / Process / Activity / Substances etc			

Sequence of events

Signed: (Witness)

Signed: (Manager)

Date: