

WITNESS STATEMENT

I, _____, hereby state that on _____
(your name) (date)

Please answer all that apply:

Specific location of accident? _____

Was the floor wet/dry? _____

Anything lying in the floor? _____

If the employee fell, did they hit anything as they fell? If yes what? _____

Who was present? _____

What **specific** body part was injured? _____

If injury occurred while employee was moving an object:

Approximate Weight of Object? _____

Type of object being moved? _____

I witnessed the incident as described (in Detail) below:

(Witness Signature)

(date)

Phone # _____

Address _____
