

WITNESS FORM

DESCRIPTION OF INCIDENT EVENT
The following information is collected for purposes of incident reporting and analysis. The information is confidential and will only be shared with parties who need it to complete the required reporting documentation.
My involvement in the event was: Witness to event <input type="checkbox"/> Injured in event <input type="checkbox"/> Administered First Aid <input type="checkbox"/> Took control of scene <input type="checkbox"/> Other <input type="checkbox"/> (please describe):
My relationship to the business is: Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Client/Guest <input type="checkbox"/> Other <input type="checkbox"/> (please describe):
Date: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Please describe what happened, starting with the first thing that you noticed that was different from usual (e.g. worker slipped). Please consider everything that was involved, including the people, equipment/material, tools, job tasks, environment, etc. Include a description of any objects that were involved. Make a sketch if you think it will help describe what happened.
What do you think could be done to prevent this type of event from happening again?