

Workers Comp. Witness Statement Form

Incident Date and Time: _____

Incident Location: _____

Name of Employee In Question: _____

Did bodily injury result from the incident? If yes, please list the body part or parts affected:

Did horse play, inattention, neglect of safety rules, etc. contribute to the cause of this incident? Please explain.

Did someone or something else contribute to this Incident? Please explain:

In your opinion what measures should be taken to prevent a similar occurrence? (rules, training, etc.)

Incident Description – **WHAT DID YOU SEE?** (Sequence of events, task or activity engaged in, tools and equipment involved, etc.)

Describe the response given by staff or others to the employee in question (type of aid, by whom, etc.).

Witness Name (print)

Witness Signature

Date

Please fax completed form to 801-354-7492, attention Risk Management

July 2014