



## Witness Report of Injury or Incident

Instructions: Report what you observed at the time the injury/illness, incident, or near miss occurred.

**IMPORTANT:** Return to your supervisor within 24 hours.

Name: \_\_\_\_\_ Last 4 of SS #: \_\_\_\_\_ Emp. #: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_ Project #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Name of injured/ill person (as applicable): \_\_\_\_\_

Where did the incident or exposure occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the injured person doing when injured? (Be specific, identify tools, equipment, material, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did the incident or exposure occur? (Tell what and how it happened)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Injury/Incident? Day of Week: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Injury? \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_