**ACCIDENT/INJURY INVESTIGATION WITNESS STATEMENT**

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| --- | --- |
| Injured Employee Name | Date of Injury |
| Witness Name | Department |
| Were you in the area where the accident happened? [ ] Yes [ ] No | Where exactly did the accident happen? |
| Was it obvious that the employee was hurt? [ ] Yes [ ] No | What body part was hurt? (be specific) |
| Was the employee using a tool or piece of equipment when injured? [ ] Yes [ ] No | If yes, please describe: |
| Have you ever heard the employee complain of a similar injury or illness? [ ] Yes [ ] No | Have you ever heard the employee talk about an on-the-job injury before? [ ] Yes [ ] No |
| Are you aware of any personal accidents or other on-the-job injuries this employee has had? [ ] Yes [ ] No | If yes, please describe in detail |
| Did the employee violate a known safety rule? [ ] Yes [ ] No | Do you know for a fact that the employee was aware of this rule? [ ] Yes [ ] No | Do you know if the Manager/Director or anyone else has ever cautioned the employee about unsafe work habits? [ ] Yes [ ] No |
| What do you think caused the accident? (See below) |
| [ ]  Unguarded equipment | [ ]  Non-employee |
| [ ]  Employee carelessness | [ ]  Horseplay |
| [ ]  Deliberate violation of safety rule | [ ]  Poorly maintained equipment |
| [ ]  Another employee | [ ]  Pressure to work faster |
| Please provide any additional details or comments you think are relevant |
| What do you think can be done to prevent a similar accident in the future? |

I have answered the above questions truthfully to the best of my knowledge

Sworn to me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.

**Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**