

DePauw University

Workplace Accident/Incident Investigation

Statement by Witness

(Please Print or Write Legibly)

Name of Employee: _____

Name of the Injured Employee: _____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Location of Accident/Incident: _____

What Were You Doing at the Time of the Accident/Incident? _____

Other Witness(es)?: _____

Others with Relevant Knowledge?: _____

In an effort to make our workplace accident-free, we would like your assistance in trying to prevent a similar accident/incident from occurring again. Could anything have been done to prevent this accident (additional training, different equipment, protective devices, etc.)?

Any other comments, observations or suggestions that you can provide?

Witness Signature: _____ Date: _____