

Accident Witness Statement Form

Format No.:

Witness Details		Location of Accident	
Name:			
Designation:			
Work Station:			
Department:		Accident time & Date	

Full Details of Accident:

Details of Work & Conditions in Process:

Unusual activities found during observation:

What was the role of witness? In whole process sequence

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What conditions Prejudiced the accident		
What is your opinion on accident, after interview of witness?		
Additional comments/observations:		
Signature:	Date/Time:	