**BR09-GU02-TOOL01**

Witness Statement

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| WITNESS NAME: | | |  |
| CONTACT PHONE & EMAIL: | | |  |
| POSITION TITLE: | | |  |
| WORK LOCATION: | | |  |
| STATEMENT DATE: | | |  |
| INCIDENT DESCRIPTION: | | |  |
|  | Describe the work activities and workplace conditions leading up to the incident | | |
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|  | Describe the incident in sequence from start to finish | | |
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|  | Did you notice anything unusual before, during, or after the incident (sights, sounds, smells) | | |
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|  | What activities were you doing when the incident occurred? | | |
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|  | What was your role in the incident sequence? | | |
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|  | Who was present when the incident occurred? | | |
|  | | | |
|  | Who reported the incident? And to whom? | | |
|  | | | |
|  | How did people influence the incident (actions, emergency response, etc.)? | | |
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|  | Was there any workplace conditions that might influence the incident (weather, time of day, equipment condition etc.)? | | |
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|  | What do you think caused the incident? | | |
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|  | In your opinion, how could the incident be prevented? | | |
|  | | | |
| Comments or clarification: | | | |
|  | | | |
| Draw a sketch or add a photo to accompany your statement.  (This may be a sketch of the location where the incident occurred. Your location should be marked with an X and the location of any other people who were present (if applicable) should be marked with a Y.) | | | |
|  | | | |
| Witness Signature: | |  | | |