**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? |
|  |
|  | What was your role in the incident sequence? |
|  |
|  | 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? |
|  |
|  | 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: |  |