



ATTENTION: This form contains information relating to employee health and must be used in a manner that protects confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

INJURY AND ILLNESS INCIDENT REPORT

FOR HUMAN RESOURCES USE ONLY:
Case number from the OSHA Log _____.

WITNESS STATEMENT

Instructions: Describe in as much detail as you can what you witnessed. To the best of your ability, provide the following information: the physical location of the event, what the employee was doing just before the injury or incident occurred, what caused the incident or how the incident happened, the resulting injury, other witnesses to the event, and any other information that you feel may be pertinent.

Name of Injured Employee: _____ **Date of Injury:** _____

STATEMENT OF WITNESS: _____

Printed Name of Witness: _____

Phone number: (_____) _____

Signature of Witness: _____

Today's Date: _____