**INCIDENT INVESTIGATION – WITNESS STATEMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of Person Giving Statement: | Aged over 18 | Yes / No | Injured Person: |
|  |  |
| Date of Incident: |
| Name & Address of Employer: |  |
|  | Incident Ref No: |
|  |
| Job Title & Years of Service: | Site Ref. No: |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Signed: |  |
| Date:  |  | Date: |  |
| Name of person giving statement |  | Name of person taking statement |  |