

## **WITNESS STATEMENT**

Witness statement			
Name witness:	Job function:		Employee number:
Date: Click here to enter a date.	Where was the witness positioned at time of incident:		dent:
Click fiele to effice a date.			
Description of incident (Who, what, where, how, when):			
Recorded by:		Signature	
The witness as named above agrees and ac statement as described on this form	cepts the	Signature	