

OCCUPATIONAL HEALTH & SAFETY OFFICE
ALGOMA DISTRICT SCHOOL BOARD

644 ALBERT STREET EAST . SAULT STE. MARIE, ON . P6A 2K7
(705) 945-7111 EXT. 10320 FAX (705) 945-7224

Clear Form

WITNESS STATEMENT

INJURED WORKER: _____

ACCIDENT LOCATION: _____

DATE OF WITNESSING: _____ TIME: _____

DID YOU SEE THE ACCIDENT ? No Yes

IF YES, WHAT DID YOU SEE ? _____

WERE YOU TOLD ABOUT IT ? No Yes

IF YES, BY WHOM ? _____

DATE: _____ TIME: _____

WHAT WERE YOU TOLD ? _____

DO YOU KNOW ANYTHING ELSE ABOUT THE ACCIDENT ? No Yes

IF YES, WHAT ? _____

DO YOU HAVE ANY SUGGESTIONS ON HOW THE ACCIDENT COULD HAVE BEEN AVOIDED ?

YOUR SIGNATURE: _____ DATE: _____