Witness Statement

Halifax
Regional Centre for Education

Injured Employee's Name: _____
Date: _____
Investigator: _____

Name of Witness: _____ Phone #: _____

Job Title of Witness: _____ How long employed here: _____

Home Address of Witness: _____

Location of Incident: _____ _____
Address/Building Area (bathroom, etc.)

Interviewer's Checklist:

- ☐ Put the witness at ease
- ☐ Explain the purpose and importance
- ☐ Explained benefits of investigation
- ☐ Explained reason for checklist
- ☐ Asked leading questions to fill in gaps
- ☐ Discussed his/her preventative ideas
- ☐ Paraphrased replies before documenting
- ☐ Expressed sincere thanks for the witness's cooperation

Describe fully how injury occurred (including events that occurred immediately following the injury):

From your understanding, what area of the body has been affected/injured?:

Did the injured person indicate that they were having the same or similar problems prior to starting work?

Did the injured employee mention any previous issue with the affected/injured area?

Other information:

Witness Signature: _____ Date: _____