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28.3 V4 2020

## HEALTH & SAFETY WITNESS STATEMENT

**1. Name**

**Address**

**Occupation** (Job title)

**2. Date of accident****3. Person injured** (give name and job title)**4. SITE OF ACCIDENT**

(i) Where did the accident happen (please give the exact location, draw a plan if appropriate)

(ii) Where were you in relation to the accident?

(iii) What was the state of the accident location (eg. Wet, dry, muddy, tidy, untidy, etc.)?

## 5. CIRCUMSTANCES OF ACCIDENT

(i) Did you actually see the accident?	YES		<input checked="" type="checkbox"/>	NO	
(ii) Describe how the accident happened:					

## 6. PLANT & EQUIPMENT

(i) What plant or equipment was in use at the time of the accident, quote serial numbers if possible (if none state "none")?

(ii) If the plant or equipment was defective, please identify the defect (use a drawing to illustrate if appropriate)

(iii) Were you aware of the defect prior to the accident?	YES		<input checked="" type="checkbox"/>	NO	
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## 7. METHOD OF WORKING

(i) Had any instructions been given as to the method of working in operation at the time of the accident?

(ii) Had any complaint been made about the method of work or conditions in which the work was being carried out?

(iii) If so, what instructions had been given/complaint was made?

(iv) Who gave the instructions/made the complaint?

(v) To whom was the instruction given/complaint made?

**I believe that the facts stated in this Witness Statement are true.**

**Signed**

**Dated**