NORTHERN HILLS TRAINING CENTER

WORKMANS' COMPENSATION WITNESS REPORT FORM

WITNESS NAME: _____

WITNESS PHONE: _____

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

PROGRAM AREA: _____

WHERE DID THE INCIDENT OCCUR? _____

WHAT WERE YOU DOING WHEN YOU WITNESSED THIS INCIDENT? _____

WHO ELSE WAS IN THE AREA? _____

DESCRIBE THE INCIDENT IN DETAIL: _____

CONTINUE ON THE BACK OF THIS PAGE IF MORE SPACE IS NEEDED.

I HAVE READ THE ABOVE AND IT IS TRUE TO THE BEST OF KNOWLEDGE.

EMPLOYEE SIGNATURE: _____ **DATE:** _____