

Baldwin County Personnel Department Witness Incident/Injury Report

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| 1. Witness Name | |
| 2. Employee Identification | |
| 3. Today's Date | |
| 4. Injured Employee Name | |
| 5. Date of Injury | |
| 6. When did you first observe the incident/injury? | |
| | |
| 7. Where were you at the time? | |
| | |
| 8. In what part of the body did the injured employee say there was pain? | |
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| 9. Did the injured employee continue to work despite the pain? | |
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| 10. Has the injured employee ever mentioned this pain before? | |
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| 11. Did you see anything strike the injured employee? | |
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| 12. Did you see anyone slip or trip? | |
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| 13. Was there a sudden stress or strain? | |
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| 14. Describe anything unusual that happened or any other comments. | |
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| 15. If lifting was involved, please describe the lifting procedure used. | |
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| 16. List names of other witnesses. | |
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| 17. Was the incident/injury immediately reported to a supervisor? (If so, who?) | |
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| 18. In your own words, describe the incident/injury that you saw. Please give as many details as possible and include where the incident occurred. You may provide a sketch as part of your explanation. Please use the back or another sheet of paper if needed for your explanation. | |
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Please complete this report before you leave the workplace and sign below.

Safety Representative Signature / Date

Witness Signature/ Date

The witness to the incident should fill out this form. If more than one witness, please have each fill out a separate form.