

IWIF Accident Witness Statement

(To be completed by accident witness)

Injured Employee's name: _____
Last First Middle

Name of Witness: _____
Last First Middle

Job title of Witness: _____ How long employed here? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of accident: _____
Address/Name of building Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: _____

(continue on other side, if necessary)

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

(continue on other side, if necessary)

Name of Supervisor: _____
Last First Middle

Signature of Witness: _____ Date: _____

IWIF Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident occurred		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of accident or illness
		Job site: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who was injured?		<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee	Time of accident a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred?
What property was damaged?			Property owned by
What was employee doing when injury/illness occurred? What machine or tool? What operation?			
How did injury/illness occur? List all objects and substances involved.			
Part of body affected		Any prior physical defects? If so, what? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature and extent of injury/illness and property damaged (be specific)			

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

- | | | |
|--|--|--|
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe position | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Improper dress | <input type="checkbox"/> Improper guarding |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Improper maintenance |
| <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Unsafe equipment | <input type="checkbox"/> Inoperative safety device |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Other _____ |

Supervisor's corrective action to insure this type of accident does not reoccur: _____

Was employee retrained in the appropriate use of Personal Protective Equipment/Proper safety procedures? Yes ___ No ___

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes ___ No ___

Supervisor's name _____

Supervisor's signature _____

Date _____