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| --- | --- | --- | --- |
| **Date of incident** |  | **Incident Reference No.:** |  |
| **Time of Incident** |  | **Location of Incident** |  |
| **Brief Incident Description** |  |

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| --- |
| **Witness Information** |
| **Name** |  | **Designation** |  |
| **Contact** |  | **Employee No/ Permit No.** |  |
| **Employer** |  | **Contact** |  |
| **License/ Certificate** |  | **Location/ Port** |  |

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| --- |
| 1. **Names of other people involved or in the area**
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|  |
| 1. **What happened?** *Please include each of the following:*
 |
| 1. Describe what you had seen:
 |  |
| 1. Describe what you were doing when the time of incident occurred:
 |  |
| 1. Describe what you did during and after the incident:
 |  |
| 1. State any other information you would like to inform about this incident:
 |  |
| 1. State your observation of other people action/ involvement:
 |  |
| 1. **Witness Statement of Facts:**
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|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person (Witness)** |  | **Signature and Date** |  |
| **Name of Person (Recorder)** |  | **Signature and Date** |  |
| **Division/ Department/ Facility** |  | **Contact No.** |  |