HEALTH SAFETY & WELFARE

Investigation Witness Statement

Statement No.:					
Name:			Station/workplace:		
Brigade No.:		Role:		Date of Birth:	
Date of Incident:			Incident Number:		
Accident type:			Time of Incident:		
Investigator:					
Incident Location:					

Materials attached to the investigation report, made available to witness e.g. premise plan.

Narrative of events

Statement No.:	

Provide best as you are able a description of the events and circumstances giving rise to your call to the incident and of the incident based on your role. Please outline steps taken either acting upon orders or based upon your assessment of the situation. Continue on the next sheet if necessary.

Signed:		**Date:**	

HEALTH SAFETY & WELFARE

Narrative of events *(continuation sheet)*

Statement No.:		Page		of	

Signed:		Date:	