MIDWEST Environmental Services, Inc.

WITNESS STATEMENT

Rev 1 cc 2-20-23

Return completed Form to the Director of Health and Safety within 24 Hours of injury

EMPLOYEE INFORMATION

Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Contact Number including Area Code (employee)	
Assigned Facility (employee)	

OCCURENCE INFORMATION

Person(s) involved in Incident or Injury			
Date of Incident	Time of Occurrence	Time Workday Began	Date Supervisor Notified
Location where Incident or Injury occurred		All Equipment, Materials, or Chemicals Involved	
Who else was in the area of the Incident or Injury?			
What were you doing when you witnessed the Incident or Injury?			
Describe the Incident or Injury in detail			

Continue on Page 2 of 2 if addition space is needed

I HAVE COMPLETED THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE	
Signature (employee)	Date (document was completed)

WITNESS STATEMENT

Continuation Page

I HAVE COMPLETED THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature (employee)

Date (document was completed)