

CALIFORNIA LUTHERAN UNIVERSITY
Injured Person's Witness Statement

Name of Witness: _____

Date: _____

Assigned Department: _____

Employee ID #: _____

Name of Injured Person: _____

Date of Injury: _____

Describe what the employee was directly doing at the time of the incident and from your observation describe how the incident occurred including: activity performed, tool/equipment, others in the area, personal protective equipment, location prior to the incident, actions taken during and following the incident, etc.: _____

List all equipment being used when the incident occurred: _____

Could this injury/incident have been prevented? Yes No

If yes, what recommendations do you have that could have prevented this incident? _____

I state the above is true and correct to the best of my knowledge.

Signature of Injured Person

Date

For HR Office Use:

Recvd: _____