

OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES/TULSA

WORK-RELATED INCIDENT
(Witness' Report)

This report is to be completed by the witness to a work-related incident and submitted to the Office of Personnel Services as soon as possible.

Date of Incident _____ Time _____ a.m. _____ p.m.

Exact Location _____

When did you first become aware of this incident? Date _____ Time _____ a.m. _____ p.m.

Did you actually see the incident as it happened? _____ Yes _____ No

Describe working conditions at time of incident (weather, temperature, exposure to hazardous materials/conditions, etc.) _____

In your opinion, was employee following proper safety procedures at time of incident? ____ Yes ____ No

If appropriate, was safety equipment in use? _____ Yes _____ No _____ N/A

In your opinion, could this incident have been avoided? _____ If yes, please explain _____

Narrative (give a detailed account of the exact circumstances; add additional sheets if necessary) _____

Witness' Signature

Date