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|  | health & safetywitness record of eventsSupplement to the Incident investigation |
| For use in conjunction with the *Health & Safety: Incident, injury and hazard reporting investigation requirements*.**More help:** *https://safety.unimelb.edu.au/report-an-incident/incident-reporting* *This information will be stored and used only in accordance with the university’s privacy policy:* [*https://policy.unimelb.edu.au/MPF1104*](https://policy.unimelb.edu.au/MPF1104) |
| Details of the incident and person completing this form *ERMS incident report number* |       |
| Name of person completing this form:      *(If different from witness)* | Date of completed (dd/mm/yyyy):       |
| Date of incident (dd/mm/yyyy):       |
| Witness details |
| Name of the witness:       |
| Email address:       | Telephone No.       |
| Did the witness see the incident occur? Yes [ ]  No [ ]  |
| Description of events |
|       |
| Signature of witness; or       | Date (dd/mm/yyyy):       |
| Signature of person completing the form       |

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| Description of events \*continued) |
|       |