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|  | health & safety witness record of events Supplement 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) |
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