INSPECTION NUMBER_____

EMPLOYEE/WITNESS STATEMENT

My Name is _____

My home address is _____

I am employed by _____

as a _____

Do I have your permission to record this interview? __Yes __No
Would you please write what you know with regards to the accident/violate condition on this form? __Yes __No
Do you wish for me (_____) to write your statement? __Yes __No

I offer the following statement recorded in the presence of _____,
Division of Occupational Safety and Health, Department of Industrial Relations, State of California.

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

_____

I have given this statement freely and without coercion; it represents the facts pertaining to the above referred accident to the best of my knowledge and belief.

Signed, this _____ day of _____, 2017 _____
(Signature)

_____ _____
Witnessed by Title

State of California
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

INSPECTION NUMBER_____

EMPLOYEE/WITNESS STATEMENT

Initial_____