

EMPLOYEE/ SUB CONTRACTOR/ WITNESS STATEMENT

THIS FORM MUST BE COMPLETED AND FAXED WITHIN 24 HOURS OF ANY INJURY/ INCIDENT OCCURRING
SEND/ EMAIL TO : BGC OHS Manager, 85 Vulcan Road Canning Vale 6155

WHAT ARE YOU REPORTING?:

Were You Injured? - Yes / No

An Incident or Near Miss? Yes / No

Did You Witness the Incident Yes / No

DETAILS OF PERSON MAKING THIS STATEMENT :

FULL NAME:

EMPLOYER (If not BGC):

OCCUPATION:

PHONE:

ADDRESS OF EMPLOYER:

PHONE NUMBER OF EMPLOYER:

INCIDENT DETAILS :

INCIDENT DATE:

INCIDENT TIME: AM/PM

SITE:

LOCATION ON SITE:

INJURY TO BGC EMPLOYEE? Yes / No

INJURY TO SUBCONTRACTOR? Yes / No

DESCRIBE WHAT ACTUALLY HAPPENED/ WHAT YOU SAW :

Where were you at the time? (Give specific location eg. Store Room)

If applicable, list any tools or equipment involved:

What body part, if any, was injured during the incident? (eg. Left thumb)

In sequence, outline your observations of what occurred before and immediately after the incidents.
Note: Do not speculate – this is an account of the facts as you observed them.

I have given this form to:

Date:

SIGNED:

Date: