

Incident observer report

Organization name: _____

Name: _____

Phone: _____

Date of incident: _____

Time of incident: _____

Address and location of incident: _____

☐ **I saw what happened.** Please tell the story of what you saw:

☐ **I did not see what happened** but can provide additional information about the scene and other factors and/or unusual conditions that were present:

What are some of the factors that you believe contributed to this incident?

Is there anything else you would like to share?

If applicable please draw a diagram of what happened.

Incident observer signature: _____ **Date:** _____

Statement taken by (name of interviewer if applicable): _____

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.