

## **Health-Safety-Environment**

## **Witness Statement**

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Name:		Craft:	Level:
Work Area:	PRINT	Supervisor:	
Incident:	PRINT	·	PRINT
	PRINT		<del>-</del>
<u>Details</u>			
What area(s) did you	work in? EX: 5th floor on t	he south end of bag house i	in unit 1.
vviiat aroa(o) ara you	Work iii. Ext. our noor on a	To Goull one of bug house h	m unit i.
What did you see/hea	r/observe?		_
Did you wish to remain	n anonymous?		☐ Yes ☐ No
Certification: I certify that	at this statement is true and corre	ect to the best of my knowledge.	
Sig	nature of Witness		Date of Report

Provide any additional details on the back of this form or on an attached sheet of paper.