

Incident #: _____

Incident Analysis
Management Statement

Incident Information:

Employee Involved: _____

Statement Date: _____

Supervisor's Name: _____

Did you witness the incident?: _____

To your knowledge, were any safety rules violated?: _____

Management Statement:

Your statement is critical to develop a thorough investigation. Please include any information you feel is pertinent to this incident.

Certification & Review:

I certify that the statement above is true to the best of my knowledge.

Supervisor Signature: _____

Date: _____

Review by:

Investigator Signature: _____

Date: _____