

# INCIDENT OBSERVER REPORT

An Incident Observer Report is a written statement about an incident from the perspective of a witness. Third parties witnessing an incident will often see events in a different way than the person or people directly involved. The report can serve as a reference for investigators to compare the sequence of events as they are described in the Employee Incident Report.

**ORGANIZATION NAME:** \_\_\_\_\_

**TO BE COMPLETED BY THE INVOLVED OBSERVER:**

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

ADDRESS AND LOCATION OF INCIDENT: \_\_\_\_\_

I SAW WHAT HAPPENED AND CAN TELL THE STORY OF WHAT HAPPENED. YES NO

I DID NOT SEE WHAT HAPPENED BUT CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE SCENE AND OTHER FACTORS AND/OR UNUSUAL CONDITIONS THAT WERE PRESENT. YES NO

**DESCRIBE THE INCIDENT.**

INCLUDE ALL DETAILS AND, IF APPLICABLE, PLEASE DRAW A DIAGRAM OF WHAT HAPPENED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ARE SOME OF THE FACTORS THAT YOU BELIEVE CONTRIBUTED TO THIS INCIDENT?**

INCLUDE ALL DETAILS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ELSE DO WE NEED TO KNOW?**

AND DO YOU THINK THERE IS ANYTHING THAT COULD HAVE PREVENTED THIS FROM HAPPENING?

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE SIGNATURE**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF INTERVIEWER: \_\_\_\_\_