

INSPECTION NUMBER _____

EMPLOYEE/WITNESS STATEMENT

My Name is _____

My home address is _____

I am employed by _____

as a _____

Do I have your permission to record this interview? *Yes* *No*

Would you please write what you know with regards to the accident/violate condition on this form? *Yes* *No*

Do you wish for me (_____) to write your statement? *Yes* *No*

I offer the following statement recorded in the presence of _____,
Division of Occupational Safety and Health, Department of Industrial Relations, State of California.

I have given this statement freely and without coercion; it represents the facts pertaining to the above referred accident to the best of my knowledge and belief.

Signed, this _____ day of _____, 2017 _____

(Signature)

Witnessed by _____

Title _____

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[Type text]

Cal/OSHA 1AW

