THE UNIVERSITY OF MELBOURNE

WITNESS' RECORD OF EVENTS S5 FORM

EHS Manual

Privacy: This information will be stored and used only in accordance with the University's Privacy Policy (refer: http://www.unimelb.edu.au/unisec/privacy/privacypolicy.html).

This form should be completed in conjunction with an Incident Investigation S4 Form.

1. Details of incident and person completing form

Incident Report confirmation number:

Name of person completing this form *(if different from witness)*		Date completed	d d / m m / y y y y
		Date of incident	d d / m m / y y y y

2. Witness details

Name of the witness			
Telephone Number		Email address	
Did the witness see the incident occur?	Yes ☐		
	No ☐		

3. Description of events

Continue over page if required...

Signature of witness; ***or*** Signature of person completing form		Date	d d / m m / y y y y

3. Description of events (continued)