Incident- Witness Form

*Marine Operations*

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| *Your Name- PRINT* | *Job Title/ Employer* | *Employer Address or contact information*  *(if other than TDI )* |
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| *Telephone number* | *E-mail address* | *Vessel where incident occurred* |
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| *Incident date*  ***(01-January-2020)*** | *Approximate time* | *Time you arrived on the scene* |
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| *1. Write the names of other persons you saw at the scene.* | | |
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| *2. Describe the incident from your perspective and where you were located in relation to the incident.* | | |
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| *3. Describe what you saw, heard, felt and / or smelled during the incident. (saw fluid leaking, smelled smoke or fumes)* | | |
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| *4. Describe the work and conditions in progress leading up to the event.* | | |
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| *5. Did you notice anything unusual prior to or during the incident? If yes, please describe what you noticed and why it was unusual.* | | |
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| *6. What was your role in the incident?* | | |
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| *7. What conditions influenced the incident? (weather, time of day)* | | |
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| *8. How did people influence the incident? (overly fatigued, communicating with each other, following commands)* | | |
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| *9. How do you think the incident could have been prevented?* | | |
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| *10. Additional comments/ observations* | | |
|  | | |
| *Print Witness name* | *Witness Signature* | *Date*  ***(01-January-2020)*** |
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