

AR2



Performance Through People

ACCIDENT/INCIDENT WITNESS REPORT FORM

AR2

Section 1: Witness Information

Witness Name: _____

Contact Details and Telephone Number: _____

Section 2: Details of Accident/Incident

Name of Learner
involved in the accident/incident: _____

Co Name: _____

Date of accident/incident: ____/____/____

Time of accident/incident: _____ AM / PM

Where did the accident/incident happen (name the department, working area or location)?

Describe what happened (include diagrams if preferred, and continue on another sheet if required):

Witness Signature: _____ Print Name: _____ Date: _____

Investigating Officer Signature: _____ Print Name: _____

Position: _____ Date: _____

**NOW SCAN AND EMAIL TO: BST.walsall@ptp-training.co.uk
THEN**

hand the **original** form to the Learner's Training Adviser or post to:
Business Support Team, Performance Through People, Intown, Walsall, WS1 1SQ