



**Incident Reporting:
Witness' Report of Injury Form**

Human Resources and Risk Management

Bannock County
624 E Center Street
Pocatello, ID 83201

Instructions: Witnesses shall use this form to report all work-related injuries, illnesses. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by witnesses as soon as possible and given to a supervisor for further action.

Injured employee name:		Your name:	
Do you work for Bannock County?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you know the injured person before the incident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you see the incident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of incident:	Time of incident:		
Location of incident: (be specific)			
What did you see or hear? (be specific)			
Names of other witnesses:			
I certify the above is true and correct to the best of my knowledge <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your signature:		Today's Date:	
Your phone:	Your email:	Your address:	