









Incident Witness Form

Date/Time of Incident		Location of Resort				
Date/Time of Interview		Location of Incident				
Full Name		Supervisor/Caretaker				
Villa Number (if applicable)		Contact Number				
Contact Number		Interviewer				
How long have you worked for - lived at Palm Lake Resort?						
Please take your time to fully describe the step-by-step sequence of events leading up to the incident. NOTE: If an insufficient quantity of information is provided further interviews may be required to establish facts						
Task or activity being performed:						
Describe what you were doing before	ore the incident:					
Who were you with? Detail step by step what happened (What PPE were you wearing? What did you see, hear, feel, or smell)?						
What did you do immediately after	t did you do immediately after the incident?					
Please list other possible witnesses:						











Can you describe, o	r do you know of any othe	r incidents that have occ	curred that are like this?
How do you think th	e incident could have bee	n prevented?	
A daliti a mali a a mana ani	ts/observations (attach sk	otoh drawing or photos)	
Additional commen	is/observations (attach sk	etch, drawing or photos)	
Interviewee	Signature	Date	Time
	-		
Interviewer	Signature	Date	Time
	*		