

Statement Form

Incident under Investigation:					
Name of Person Giving Statem	ent:		Crew#:		
People Soft#	_Job Title (also add	fill position):			
Supervisor Name:	Supe	ervisor PR#			
upervisor Phone #: Responsible Department:					
Time Shift Started (am/pm):	me Shift Started (am/pm): Shift Length: Hours worked in rotation:				
Total Days of Rotation: Co	onsecutive days work	ed: Work	Shift (Day/Night/Overtime):_		
Hours off between shifts: H					
Statement Type, : Circle an option	on (Involved Di	irect Witness	Indirect Witness)		
Statement as follows (who, wha	t, where, when, detai	led description):			
	Ex	<u>perience</u>			
CURRENT POSITION	S	ITE	IN	<u>DUSTRY</u>	
YearsMonths	Years	Months	Years	Months	
Statement by (Signature)					
Signature if written by someon	e other than employ	/ee:			
Date of Statement:		Page	of		