

Statement of witness

Statement No

Name

1. Disclosable Details

Surname

Forenames

Date of Birth

Occupation

Name & Address
of Employer

Home Address (if
agreed to be disclosed by
Witness)

Postcode

Postcode

2. Confidential Material Not to be Disclosed

Home Address

Date & place of
birth

Postcode

Occupation

Telephone No

Mobile Tel No

Reason(s) for any matters in the Statement to remain confidential:

3. Provenance

Statement Taken by

[Inspector appointed under Section 19(1)]

Other Persons Present

Place Statement Taken

Date

4. Known Unavailable Dates (next 8 months)

Statement of witness to facts

Statement No

Name

The information contained in this Statement is true to the best of my knowledge and belief

Signed Date

Statement taken by Date

An Inspector appointed under Section 19(1) of the Health and Safety at Work etc Act 1974

Statement of witness to facts (cont'd)

Statement No

Name

The information contained in this Statement is true to the best of my knowledge and belief

Signed Date

Statement taken by Date

An Inspector appointed under Section 19(1) of the Health and Safety at Work etc Act 1974

