

**Involved party/witness statement Form**

**Disclaimer:** This document is intended to be a resource document only. The farm will need to customize it and make it farm-specific to address the particular needs, factors, applicable legislated requirements, etc. Once this document has been customized by the farm, this disclaimer, and the logo located in the upper right corner of the page may be deleted and replaced with the farm’s logo. If you require assistance, please contact **AgSafe Alberta** at info@agsafeab.ca or visit [www.agsafeab.ca](http://www.agsafeab.ca) for learning opportunities, tools and resources.

|  |  |
| --- | --- |
| **Farm Name** |  |
| **Operation** |  | **Work Area** |  |
| **Date of Incident** |  | **Date of Interview** |  |
| **Name of Involved Party/Witness** |  |
| Details of interview: |

|  |  |  |
| --- | --- | --- |
| **Name of Involved Party/Witness** | **Signature of Involved Party/Witness** | **Date**  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of Interviewer** | **Signature of Interviewer** | **Date** |
|  |  |  |
| **Name of Interviewer** | **Signature of Interviewer** | **Date** |
|  |  |  |

**Important:** Retain a copy of this document in your farm records.