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**LAGOS STATE SAFETY COMMISSION**

**WITNESS STATEMENT FORM**

**ACCIDENT/INCIDENT WITNESS STATEMENT FORM**

Incident Location: ………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………..

Time: …………………………………………………………………………………………………………………..

Name and Signature of witness/ testifier: …………………………………………………………..

Job role/occupation: ………………………………………………………………………………………….

Work experience: ……………………………………………………………………………………………….

Full details of Accident/incident Reports by Witness or Statement form the Testifier



**LAGOS STATE SAFETY COMMISSION**

**ACCIDENT/INCIDENT INITIAL NOTIFICATION FORM**

Incident location: ………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………

Time: …………………………………………………………………………………………………………………………

Name of victim: …………………………………………………………………………………………………………

Job role/occupation: …………………………………………………………………………………………………

Work experience: ……………………………………………………………………………………………………..

Type of incident (Tick as appropriate):

Fatality ….. Injury ………… Transport ………… Security …….. Environmental ………

Property damage ………………. Fire/Explosion ……………….. Near Miss ………………………………

Nature of injury ………………………………………………………………………………………………………………….

Equipment damaged ………………………………………………………………………………………………………….

Work engaged in at time of incident …………………………………………………………………………………

Witnesses to the incident: (1) ………………………………………………………………………………………….

(2) ……………………………………………………………………………………………

Brief description of the incident:

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Immediate corrective action taken:

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Reported by: ……………………………………………………………………..

Signature: ………………………………………………………………………….

Date: ………………………………………………………………………………….

**DEPARTMENT OF RISK MANAGEMENT AND REGULATORY AFFAIRS**

The department is saddled with these responsibility

1. Conduct RISK Assessment
2. Conduct accident and incident investigation of incidences within 48hrs of incident
3. Registration of consultants
4. Review risk assessment document
5. Review accident / incident prevention plan
6. Organize stakeholders meeting.

All incident and accident s must be reported to the Commission within 24hrs by calling the following no.