Non-Witness Statement

By Employees in the Incident Area having no Knowledge of Incident

|  |  |
| --- | --- |
| Location Name: | Injured Person’s Name |
| Incident Date: | Date of Report |

As a part pf the Accident/Incident investigation of the above incident, we have been asked to contribute any knowledge of the incident by completing a witness statement. If we have no knowledge of the facts surrounding the incident, we have been asked to acknowledge this by signing this form below.

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| --- | --- |
|  | 11. |
| 2. | 12. |
| 3. | 13. |
| 4. | 14. |
| 5. | 15. |
| 6. | 16. |
| 7. | 17. |
| 8. | 18. |
| 9. | 19. |
| 10. | 20. |

This is **not** a part of the Resident's Medical Record. It is part of the facility's QA program to review Systems, Processes, and Procedures for Quality Improvement.