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| **CONFIDENTIAL**  Complete form for Cority data entry by the Houston Health Service when an:   * actual or suspected injury or illness occurs at work * injury or illness is attributed to work.   If you have questions please contact your Petroleum Deepwater (WEL) HSE Business Partner (BP).  **Email both this form AND the Injury/illness Notification Form (PET-HSE27-HH-FRM-0006) to** [Health@petroleumdeepwater.com](mailto:Health@petroleumdeepwater.com)  **Incomplete forms will be returned. DO NOT ATTACH this form into the Event Mgmt Solution.**  A contract company or external practitioner form may be used, provided it contains all of the information outlined in this form. |

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| PART A: MANDATORY TO BE COMPLETED BY ALL WITNESSES | | | | |
| **Witness Details** | | | | |
| Witness First & Last Name: | Click or tap here to enter text. | | | |
| Worker Type: | Pet DW (WEL) Employee full time  Pet DW (WEL) Employee part time  Contractor  Visitor |  | | |
| Witness Phone: | Click or tap here to enter text. | Witness Email: | Click or tap here to enter text. | |
| Pet DW (WEL) Supervisor Name: | Click or tap here to enter text. | Pet DW (WEL) Supervisor Email: | Click or tap here to enter text. | |
| Department: | Click or tap here to enter text. | Location: | Click or tap here to enter text. | |
| Job Title: | Click or tap here to enter text. | Work Schedule  *(e.g., 10h M-Th 0700-1730):* | Click or tap here to enter text. | |
| Witness Statement | | | | |
| Event Date: | Click or tap to enter a date. | Event Time: | Enter Time.  am  pm | |
| Describe in as much detail as possible how this event occurred - what, where when and how?  Click or tap here to enter text. | | | | |
| **Signature** | | | | |
| I, the witness, herein certify the information above is true and correct to the best of my knowledge. | | | | |
| Witness Signature: Click or tap here to enter text. | | | | Date: Enter Date |