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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**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 |