



**Tri-Energy Services Ltd.
Canadian Safety Services Ltd.**

105 Kuusamo Dr. Red Deer County, Alberta T4E 2J5
www.tri-energy.ca 403-887-5400

WITNESS STATEMENT FORM

Effective Date 2026-07-29 Form#: 20260730-007 Rev 2.0 Page 1 of 2

Please read carefully before completing this form.

- Provide a clear, descriptive, factual account of what you personally saw, heard, or did.
- Use position titles only when referring to other individuals (e.g., "operator," "labourer," "supervisor"). **Do not use personal names.**
- Describe events chronologically, starting from what you observed immediately **before** the incident.
- Include only information you directly witnessed. Do not provide opinions, assumptions, or second-hand information.
- If you are unsure about a detail, state that clearly rather than guessing.
- Use concise, plain language. Avoid emotional wording or blame.
- If additional space is required, attach a separate page and reference it in your statement.
- Review your statement for accuracy before signing and dating the form.

Your Name: _____ Today's Date: _____ Date of Incident: _____ Time of Incident: _____

Incident Location: _____ Specific Location of Incident: _____

Leader Name: _____ Service Line/Division: _____

Incident Details:

Indicate where you were positioned and what activity you were engaged in at the time of the incident:

Describe the events leading up to the incident:

Provide a clear, factual account of what you observed in the moments leading up to the incident:

Describe the Incident (include what you saw, any unusual smells, sounds, etc.):



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Describe what happened *after* the incident:

Do you have anything else to add that will assist in the investigation?

Sign Off

The foregoing statement, which I have given to, _____ has been read over by me.

I acknowledge that I have read and understood this statement, and I certify that it is a true and accurate account of my observations.

Your Name: _____ Signature: _____ Date: _____

Leader Name: _____ Signature: _____ Date: _____

HSE Name: _____ Signature: _____ Date: _____