TransAlta Tri Leisure Centre

TLC WORKER WITNESS STATEMENT - AQUATICS

SAFETY

Please complete this form as completely and as accurately as possible.

Date of Incident:	**Witness Name:**
Explain in detail what happened:	
Signature:	**Date:**

Submit completed form to TLC representative. TLC representative please submit this form with the Incident Report Form.

The information being collected is under the *Personal Information Privacy Act* and *Alberta OHS Act*. TransAlta Tri Leisure Centre contract person – General Manager

SUBMIT