

NORTH CAROLINA DEPARTMENT OF LABOR
Division of Occupational Safety and Health

WITNESS STATEMENT

I understand that this statement will be held in confidence until such time as this inspection and its findings may be heard in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. Upon the closing of this case, this statement will be subject to disclosure only in accordance with applicable statute(s) and agency policy.

Date: _____ Time: _____ Interview Place: _____

Name: _____ Phone: _____

Address: _____

City: _____

Social Security Number: _____ Birthdate: _____

Employed by: _____

Company Address: _____

Occupation: _____ Time in occupation: _____

Employed from: _____ To: _____

I hereby depose and say: _____

Digitized by srujanika@gmail.com

Statement of: _____

I have read and had the opportunity to correct this statement consisting of ____ initialed pages, and this statement is true and correct to the best of my belief. I understand that under North Carolina General Statute §95-139, a penalty of up to \$10,000 and/or imprisonment for up to six months can be assessed for conviction of supplying false information pursuant to the Occupational Safety and Health Act.

Signature: _____ Date: _____

Witness: _____ Page ____ of ____ pages