

Slip and fall incident report

Store #:		Store name:		
Incident information	n			
Date:	Day of week:	Time:	_ a.m.	p.m.
Location of incident:				
Description of incide	nt:			
Weather conditions:				
Walking surface cond	ditions:			
Incident reported wh	en it occurred?	Yes	No	
If no, how was it repo	orted and when?			
Claimant informatio				
Age:	Sex: Male Female	If minor, was child supervised? Yes	No	
If no, explain:				
Address:				
	() -		_	
Why was customer in				



What was the customer doing prior to the incident?					
Type and condition of footwear:					
Bodily injury					
Description of injury:					
bescription of injury.					
Treatment given (if any):					
	dia a				
·	acility?Yes No				
	gency)				
Name of attendant:					
Witnesses					
Name:	Address:				
Phone:	Comments:				
Name:	Address				
Phone:	Comments:				



Investigation	
Was incident site inspected immediately? Yes No Time: a.m.	p.m.
Inspected by:	
How did we find out about the incident?	
Describe conditions at scene:	
Describe lighting conditions:	
Was photograph taken of accident scene?	No
Were floor mats in place?	No
Condition of mats:	
If floor was wet, were caution signs in place?Yes	No
Eye glasses being worn?	No
If yes, type:	
Cane or walker used?	No
If yes, why?	
Was injured taking medication?Yes	No
If yes, why?	
Note: include a copy of the daily floor check log for the date of the accident	



Additional information				
Additional paperwork attached?	Yes No			
If yes, describe:				
Signatures				
Report completed by:	Signature:			
Date completed:	Read and approved by:			

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