

# SLIP AND FALL INCIDENT REPORT

## INCIDENT INFORMATION

Date: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Location of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weather conditions: \_\_\_\_\_

Walking surface conditions: \_\_\_\_\_

Incident reported when it occurred? \_\_\_\_\_

If no, how was it report/when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CLAIMANT INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female If minor, was child supervised?  Yes  No

If no, explain: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Why was the customer in store? \_\_\_\_\_

\_\_\_\_\_

What was customer doing prior to the incident: \_\_\_\_\_

\_\_\_\_\_

Type and condition of footwear: \_\_\_\_\_

\_\_\_\_\_

## BODILY INJURY

Description of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment given (if any): \_\_\_\_\_

\_\_\_\_\_

Was the injured person taken to medical facility?  Yes  No

If yes, where? \_\_\_\_\_

How was he or she transported? (name of agency) \_\_\_\_\_

Name of attendant: \_\_\_\_\_

**WITNESSES**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Comments: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Comments: \_\_\_\_\_

**INVESTIGATION**

Was incident site inspected immediately?  Yes  No Time: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

Inspected by: \_\_\_\_\_

How did we find out about the incident? \_\_\_\_\_

Describe conditions at scene: \_\_\_\_\_

Describe lighting conditions: \_\_\_\_\_

Was photograph taken of accident scene?  Yes  No

Were floor mats in place?  Yes  No

Condition of mats: \_\_\_\_\_

If floor was wet, were Caution signs in place?  Yes  No

Eye glasses being worn?  Yes  No If yes, type: \_\_\_\_\_

Cane or walker used?  Yes  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: \_\_\_\_\_