SLIP AND FALL INCIDENT REPORT

Store #:	Store name	e:		
INCIDENT INFORMATION			Time a c	
	еек:		_ Time:	 ☐ 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			ild supervised?)
If no, explain:				
Address:				
Telephone: Home: (_
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	s No			
If yes, where?				
How was he or she transported? (name of agency)				
Name of attendant:				

WITNESSES							
Name:	Address:						
Phone:							
Name:							
Phone:							
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 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						
		16 1 0					
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:							
ii yes, describe.							
SIGNATURES							
Report completed by:	Signature	:					
	ead and approved I						