



## Slip and Fall Incident Investigation Report

Location # \_\_\_\_\_ Location \_\_\_\_\_

### Incident Information

Incident Date \_\_\_/\_\_\_/\_\_\_/ Day of Week \_\_\_\_\_ Time \_\_\_\_\_  AM  PM  
dd mm yy

Location of Incident \_\_\_\_\_

Description of Incident \_\_\_\_\_

\_\_\_\_\_

Weather Conditions \_\_\_\_\_

Incident reported when it occurred?  Yes  No If no, how was it reported / when? \_\_\_\_\_

### Claimant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F If minor, was child supervised? Yes  No

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

Address \_\_\_\_\_

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

What was visitor doing prior to incident? \_\_\_\_\_

\_\_\_\_\_

Why was visitor at location? \_\_\_\_\_

### Bodily Injury

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

Treatment Given (if any) \_\_\_\_\_

Injured party taken to medical facility? \_\_\_\_\_ If so, where? \_\_\_\_\_

How transported? (Name of Agency) \_\_\_\_\_

Name of Transport (Name or Badge #) \_\_\_\_\_

### Property Damage

Description of Incident \_\_\_\_\_

Description of Damaged Item (Age and General Condition) \_\_\_\_\_

\_\_\_\_\_



**Witnesses**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Comments \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Comments \_\_\_\_\_

Name(s) of employee(s) working in area at time of incident \_\_\_\_\_

**Investigation**

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

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

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

Describe Conditions of Scene \_\_\_\_\_

Describe Lighting Conditions \_\_\_\_\_

Was photograph taken of accident scene or damaged property? Yes  No

Were floor mats in place? Yes  No

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

Condition of Shoes \_\_\_\_\_

Eye Glasses being worn? Yes  No

If yes, type \_\_\_\_\_

Prescription? Yes  No

Cane or Walker used? Yes  No

Why? \_\_\_\_\_

Is injured party taking medication? Yes  No

If yes, why? \_\_\_\_\_

**Additional Information**

Is there anything needed to add? \_\_\_\_\_

Additional paperwork attached? Yes  No

What? \_\_\_\_\_

**Signatures**

Report Completed by: \_\_\_\_\_  
Name Position Signature

Date report completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mm yy

Supervisor if applicable: \_\_\_\_\_  
Name Position Signature