

Restaurant Slip and Fall Incident Report

Employee Information

Employee Name

Job Title

Employee ID

Date of Birth

Contact Information

Incident Details

Date of Incident

Time of Incident

Location in Restaurant

Describe What Happened

Apparent Cause of Slip and Fall

Injury Information

Describe the Injury

Body Part(s) Injured

Medical Attention Required?

Witness Information

Name(s) of Witnesses

Witness Statement(s)

Supervisor/Manager Section

Supervisor/Manager Name

Manager's Additional Comments

Date Reported