

Slips, Trips, and Falls Incident Report

Incident Details

Date of Incident

Time of Incident

Location of Incident

Type of Incident

Description of Incident

Injured Person

Name

Job Title

Contact Information

Description of Injury

Witnesses

Witness Name(s) and Contact Info

Cause & Preventive Action

Immediate Cause (e.g. wet floor, uneven surface, obstruction)

Corrective/Preventive Actions Taken

Report Completed By

Name

Date

Signature