

Dairy Parlor Slip and Fall Incident Form

Date of Incident

Time of Incident

Incident Location (within parlor)

Person Involved (Name)

Position/Role

Witnesses (if any)

Describe how the incident occurred

Describe the floor surface condition (e.g., wet, uneven)

Footwear Worn

Injury Details (if any)

First Aid/Treatment Given

Incident Reported To

Corrective Actions Taken/Recommended

Person Completing Report

Date