Workplace Slip and Fall Incident Report

Employee Name	
Date of Incident	
Time of Incident	
Location of Incident	
Describe the Incident	_
Apparent Cause	
Describe Any Injuries	_
Witnesses (names and contact information)	
Actions Taken (first aid, medical attention, etc.)	
Report Completed By	_
Teport Completed By	_
	_
Date	
Signature	
	_