

# Room Service Tray Handling Accident Report

## General Information

Date of Accident

Time of Accident

Location

## Employee Information

Name

Employee ID/Number

Job Title

## Accident Details

Description of Incident

Tray/Items Involved

Possible Cause

## Injury / Damage Details

Injuries Sustained (if any)

Property Damage (if any)

## Witnesses

Witnesses (Names & Contacts)

## Further Action

Immediate Action Taken

Recommended Preventive Measures

Report Completed By  
Name

Signature

Date