Slip and Fall Incident Report

Store Information

| Store Name |
|--|
| |
| Store Location/Address |
| |
| Date of Incident |
| |
| Time of Incident |
| |
| |
| Person Involved |
| Full Name |
| |
| Phone Number |
| |
| Email Address |
| |
| Role |
| A |
| Age |
| |
| Incident Details |
| incluent Details |
| Location within Store (aisle, section, etc.) |
| |
| Describe what happened |
| |
| Surface Condition (wet floor, debris, etc.) |
| Carlade Condition (wet noon, dobrie, dec.) |
| Any Warning Signs Present? |
| |
| |
| Injuries and Assistance |
| Describe any injuries |
| |
| |

First Aid Provided?

| | ▼ |
|---|---|
| Emergency Services Contacted? | |
| | ▼ |
| | |
| Witnesses | |
| Name(s) and Contact Information | |
| Name(s) and Contact information | |
| | |
| | |
| | |
| 4 1 11/4 1 1 4 | |
| Additional Comments | |
| | |
| Additional Comments Report Completed By (Name) | |
| Report Completed By (Name) | |
| | |