

Use this form to gather details regarding a reported slip/trip/fall or other reported injury or incident occurring on your premises. Complete this form as soon as possible after the incident. Attach additional pages as needed.

Incident Information

Date of incident: _____ Time of incident: _____ AM PM
 Address of incident: _____
 Location: Indoors Outdoors Exact area: (*aisle/room/parking lot, etc.*): _____
 Brief Description of Incident and reported/observed injury: _____

Injured Person/Information

Name: _____ Date of birth: _____
 Phone: _____ Email: _____
 Address: _____
 Why was the individual on your premise: _____
 Is this a regular customer: Yes No Unknown
 Any injury, pain or symptom reported:..... Yes No
 If yes, describe: _____
 Medical treatment requested or provided: Yes No
 If yes, explain: _____
 Were they using a mobile device/carrying anything at the time? Yes No Unknown
 Glasses worn?..... Yes No Unknown
 Were they using a cane, walker or wheelchair? Yes No
 If yes, describe: _____
 Did the incident involve a floor mat? Yes No
 If yes, explain: _____
 Description of footwear worn?..... Athletic Dress Sandals Boots Other/Unknown
 Statement (*Describe what the person stated happened*): _____

Scene Conditions

Condition of area at the time of the incident (*check all*):
 Dry Wet/Spill Snow/Ice Rain
 Debris Uneven Surface Poor Lighting Other: _____
 Weather conditions (if outdoors): _____
 Lighting conditions: Adequate Dim Glare Burned out/Not working Other/Explain: _____
 Describe surface type (*tile, carpet, concrete, asphalt, etc.*): _____
 Warning signs or barriers present? Yes No N/A
 If yes, describe: _____
 Last Inspection/Cleaning Time: _____ By whom: _____
 Housekeeping/inspection log available?..... Yes (*attach copy*) No
 Any Other Details: _____

Witnesses

List all witnesses. Obtain written statements whenever possible (*see Witness Statement page*).
 Witness name: _____ Relationship to the customer: _____
 Phone: _____ Email: _____
 Address: _____
 *Attach a list of any additional witnesses

Employees

List all employees including those on the current and prior shift. Obtain written statements whenever possible (see *Witness Statement page*).

Full Name	Shift Working	Did they see incident?	Did they speak to customer afterwards?
	<input type="checkbox"/> Current <input type="checkbox"/> Prior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Current <input type="checkbox"/> Prior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Current <input type="checkbox"/> Prior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Current <input type="checkbox"/> Prior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Photo and Video Evidence

Take photos as soon as possible from multiple angles and distances. Include close-ups and wide shots of the area including relevant signage, mats, footwear worn, and surrounding conditions.

Photos taken?..... Yes No By whom: _____

Video surveillance available?..... Yes No Who reviewed: _____

Has video footage been secured? Yes No By whom: _____

File name/location/storage media of footage? _____

IMPORTANT NOTE: Any available photos or video surveillance that may have recorded the incident should be immediately reviewed to determine if footage exists. All relevant video footage—before, during, and after the incident—should be promptly downloaded and saved for no less than two years to preserve as evidence. It's important to note, all footage should be saved even if no injury is reported and/or no medical treatment is sought at the time of the incident.

Video Preservation Request (internal)

Immediately pull/secure any available video and retain it to preserve evidence.

Person assigned to preserve video: _____ Date/Time completed: _____

Any other evidence to preserve (check all that apply):

Broken/defective item Cleaning materials/signage Incident reports/logs

Work orders/repair slips Weather reports Other: _____

Indicate what was collected, where stored, who has access: _____

Corrective Actions Taken (cleaning, repair, etc.)

If not applicable, explain: _____

Report Completed By

Name (print): _____

Position: _____

Date report completed: _____

Insurance carrier or agent notified?..... Yes No Claim #: _____

Signature: _____ Date: _____ Time: _____