

SLIP & FALL INCIDENT REPORT

DATE OF INCIDENT _____

TIME ____:____

AM
 PM

ACTIVITY	<input type="checkbox"/> Premises <input type="checkbox"/> Tennis Court/Outdoor Recreation <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Restaurant <input type="checkbox"/> Special Event <input type="checkbox"/> Other _____
LOCATION	Describe the exact location of the incident. Include approximate dimensions and distances, as well as identifying landmarks. _____ _____
INJURED PERSON	Name _____ <input type="checkbox"/> Male Age _____ Address _____ <input type="checkbox"/> Female DOB _____ City _____ State _____ Zip _____ Telephone _____ Occupation _____ Parent / Guardian (if minor) _____ Local Address if staying in area _____ <small>Street address or motel/hotel name & room #</small> <small>Local phone</small>
INJURED'S DESCRIPTION OF INCIDENT (In their own words)	_____ _____ _____
CONDITIONS	Weather conditions _____ Conditions at scene (Wet, dry, icy, standing water etc.) _____ Photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____

POSSIBLE INJURY/ILLNESS	Describe possible injury or illness _____ _____ <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> MULTIPLE
FIRST AID RENDERED	Was first aid rendered at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____ Did "911" respond? <input type="checkbox"/> Yes <input type="checkbox"/> No First aid rendered _____
SLIP & FALL DETAILS	Injured Was Coming From? _____ Injured Was Going To? _____ Was Claimant Carrying Anything? Describe _____ Type of Footwear Worn _____ Condition of Soles _____ Did Injured Use Handrails? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Any Signs of Alcohol or Drug Use? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Describe Surface Conditions: _____
PEOPLE AT THE SCENE	List other people at the scene and their relationship and role _____ List other resort personnel involved _____
OTHER STATEMENTS	Did anyone make any comments to you concerning the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe any comments. _____ Who made the comments? _____
SIGNATURE	Signature of employee completing report _____ Date _____

FOR ADDITIONAL SPACE AND DIAGRAM - USE DIAGRAM CARD