

Incident Report Sample: Slip and Fall Accident

Basic Information

Date of Incident:

Time of Incident:

Location of Incident:

Person Involved (Name):

Contact Information:

Witnesses (Names & Contact):

Incident Details

Describe the Incident:

Describe the Injuries:

Action Taken (First Aid, etc.):

Reported to (Name/Role):

Signature

Reported By:

Date:
