

Retail Store Accident and Damage Documentation

General Information

Date of Incident

Time of Incident

Store Location

e.g., Store #203, Main Street

Area of Incident

e.g., Aisle 4 - Cleaning Supplies

Person(s) Involved

Name

Role

Select

Contact Information

Phone or Email

Accident/Damage Details

Description of the Incident

Describe what happened in detail...

Type of Incident

Select

Severity

Select

Witnesses (if any)

Names and Contact Information

List names and contact details...

Actions Taken

Immediate Action(s) Taken

e.g., First aid administered, area cleaned, management notified...

Reported To

Supervisor or Manager name

Additional Notes / Follow-up

Any further observations or required actions...

Employee Completing Report

Date
