

Guest Slip and Fall Incident Report

Incident Details

Date of Incident

Time of Incident

Exact Location on Hotel Premises

e.g., Lobby entrance, hallway, pool area

Guest Information

Guest Name

Room Number

Contact Information

Phone or email

Description of the Incident

Describe how the slip and fall occurred

Provide a detailed account of events

Describe any injuries sustained

Witness Information

Witness Name(s)

Witness Contact Information

Action Taken

Immediate Action/First Aid Provided

Reported to (name & position)

Additional Notes/Comments

Employee Name

Date Prepared
