

# Guest Slip and Fall Incident Report

## Incident Details

Date of Incident

Time of Incident

Exact Location on Hotel Premises

---

## Guest Information

Guest Name

Room Number

Contact Information

---

## Description of the Incident

Describe how the slip and fall occurred

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