

Slip and Fall Incident Report

Date of Incident

Time of Incident

Venue/Location

Enter location in venue

Injured Person Details

Full Name

Full name

Age

Contact Number

Phone number

Staff/Guest/Visitor

Select...

Address

Address

Incident Details

Describe how the incident occurred:

Provide a detailed description

Exact location within venue:

Were there any witnesses?

Select...

If yes, provide names and contact details:

Witness details

Describe surface conditions (wet, slippery, uneven, etc.):

Weather Conditions (if applicable):

E.g., rainy, clear, etc.

Any warning signs visible?

Select...



Injury Description

Nature and extent of injuries sustained:

Describe injuries

First aid provided?

Select...



If yes, by whom and what treatment:

(Large empty box for text entry)

Was further medical attention required?

Select...



If yes, where was the injured person taken?

Hospital/clinic/address

Action Taken

Immediate actions taken to prevent recurrence:

E.g., cleaned spill, placed sign, etc.

Report Prepared By

Full name

Role/Position

Role/Position

Date

(Large empty box for date entry)

Signature: Signature