

Slip and Fall Incident Report

Date of Incident

Time of Incident

Venue/Location

Injured Person Details

Full Name

Age

Contact Number

Staff/Guest/Visitor

Address

Incident Details

Describe how the incident occurred:

Exact location within venue:

Were there any witnesses?

If yes, provide names and contact 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:

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

Signature: Signature