

Guest Accident Investigation Report

Guest Information

Full Name

Contact Number

Address

Room / Reservation Number

Accident Details

Date of Accident

Time

Accident Location

Nature of Accident

Description of Accident

Injury / Damage Information

Describe Injury or Damage

Was medical treatment provided? If yes, describe

Witnesses

Names / Contact Information

Name, Contact

Investigation Summary

Probable Cause(s) of Accident

Corrective/Preventive Actions Taken

Management Comments

Additional Comments

Guest Signature Date

Manager Signature Date

Staff Signature Date