

Slip /Fall Investigation Form

Name _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 Age _____ Sex _____ Date of accident _____ Time of accident _____ AM PM
 Lighting: Daylight After Dark Dawn Dusk
 Time of last area inspection by designated employee _____

TYPE OF ACCIDENT
LOCATION OF ACCIDENT

Slip/Fall
 Misc. Injury
 Misc. Employee Injury

Entrance/Lobby
 Public Restrooms
 Parking Lot

Stairs
 Hallways
 Other _____

SLIP/FALL

Condition of walking surface: Wet Dry Snow/Ice Other (if other, what was it?) _____
 Describe shoes worn: Hard Sole Athletic High Heels Other _____

Description of Accident:

Probable Cause of Accident:

Nature of Injury:

WITNESS:

Name _____ Phone (____) _____
 Address _____
 City _____ State _____ Zip _____

What steps have been taken or can be taken to prevent similar accidents? _____

Name of person completing this report _____
 Date _____ Time _____ AM PM

