

EMPLOYEE INCIDENT/ACCIDENT REPORT



Store/Location

Location: _____

Manager on Duty: _____

Employee Information

Name: _____

If there was a physical injury, was medical assistance provided? (Yes / No) If yes, describe: _____

Transported for further medical care by: Ambulance Private vehicle

Incident Description

Date of occurrence: _____ Time of occurrence: _____ (a.m. / p.m.)

Exact location of occurrence: _____

Nature of Incident

ONLY COMPLETE THIS SECTION FOR SLIPS AND FALLS

Description of surfaces involved. Note its makeup, condition, and the existence of any foreign substances:

Did the incident occur outside? (Yes / No) If yes, describe the weather conditions at the time. Note any effects the weather had on the surface: _____

Whether inside or outside, describe any preventative measures or warnings in place to alert the customer of a potential hazard:

Describe the employee's footwear: _____

Describe what, if anything, the employee was carrying: _____

If possible, take photos of the surface immediately following the incident and preserve any camera footage.

What body part does the employee claim was injured? Circle all that apply and please specify **right** or **left**: Arm / Chest / Hand(s) / Thighs / Back / Face / Head / Torso or Stomach area / Buttock / Foot (feet) / Leg / Other

Employee Witness(es)

Witnesses may be contacted for more information. Record names of all employees that witnessed or responded to the incident:

Report Recorded and Filed By: _____ **Date:** _____