

GUEST ACCIDENT/INCIDENT REPORTING



These forms are to be completed in the event of a guest accident or incident. ***If a guest is injured and needs immediate medical assistance, call 911.***

Remain calm and professional while being supportive to the guest, but never directly admit fault.

Please have guest complete ***page 1***. If they request a copy, they may have a copy of page 1 only. The information on ***page 2*** must be gathered and filled in by a manager (manager on duty) only.

Make any additional notes that you feel are pertinent, stating facts only and avoiding personal opinion. File this form with any other documents relating to the incident so they can be reviewed at a later date, if necessary.

GUEST ACCIDENT/INCIDENT REPORT



Store/Location Information

Location: _____

Manager On Duty: _____

Guest Information (from page 1)

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 guest of a potential hazard:

Describe the guest's footwear: _____

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

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

What body part does the guest 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: _____