

Fountain of the Sun Accident / Slip & Fall Incident Report

Building name: _____

INCIDENT INFORMATION

Date: _____ Day of week: _____ Time: _____ AM PM

Location of incident: _____

Description of incident: _____

Weather conditions: _____

Walking surface conditions: _____

Incident reported when it occurred? _____

If no, how was it reported/when? _____

RESIDENT/GUEST INFORMATION

Last name: _____ First name: _____

Age: _____ Sex: Male Female If minor, was child supervised? Yes No

If no, explain: _____

Address: _____

Telephone: Home: (____) _____ - _____ Business: (____) _____ - _____ Email _____

Why was the resident/guest at the facility? _____

What was resident/guest doing prior to the incident: _____

Type and condition of footwear: _____

BODILY INJURY

Description of injury: _____

Treatment given (if any): _____

Was the injured person taken to medical facility? Yes No

If yes, where? _____

How was he or she transported? (name of agency) _____

Name of attendant: _____

WITNESSES

Name: _____ Address: _____
Phone: _____ Comments: _____
Name: _____ Address: _____
Phone: _____ Comments: _____

INVESTIGATION

Was incident site inspected immediately? Yes No

Time: _____ : _____ AM PM

Inspected by: _____

How did we find out about the incident? _____

Describe conditions at scene: _____

Describe lighting conditions: _____

Was photograph taken of accident scene? Yes No

Were floor mats in place? Yes No

Condition of mats: _____

If floor was wet, were Caution signs in place? Yes No

Eye glasses being worn? Yes No If yes, type: _____

Cane or walker used? Yes No If yes, why? _____

Was injured taking medication? Yes No If yes, why? _____

NOTE: include a copy of the daily floor check log for the date of the accident

ADDITIONAL INFORMATION

Additional paperwork attached: Yes No

If yes, describe:

SIGNATURES

Report completed by: _____ Signature: _____

Date completed: _____ Read and approved by: _____