

Blank Slip and Fall Incident Report Sheet

General Information

Date of Incident

Time of Incident

Location of Incident

Injured Person's Details

Name

Phone Number

Address

Employee/Visitor ID (if applicable)

Position/Title (if applicable)

Description of Incident

Describe what happened (include events leading to incident):

Describe any injuries sustained:

Witness Information

Name

Phone Number

Relation to Incident

Follow-Up Actions

Immediate Actions Taken (e.g. first aid, cleanup):

Was medical attention required?

Reported to (Supervisor/Manager Name and Title):

Additional Comments

Person Reporting (Name & Signature):

Date: