



Sample Incident Investigation Form

Date of incident:		Time of incident:	<input type="checkbox"/> am <input type="checkbox"/> pm
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All incidents will be investigated and analyzed to identify the root cause. First impressions are important! Your initial contact with the injured person will have the greatest impact on the outcome of the situation. When you come to the aid of the guest who has reported an injury it is important that you do so as promptly and professionally as possible. Your response to the injured person should always follow good customer service and guest relations. The following steps will be taken when an incident occurs.

- Do not discuss any other recent incident with them.
- First thing is to express concern. Always ask the guest how he/she is doing and ask if medical attention is needed.
- Once you have determined the extent of the injury, ask the guest specific details about how the incident occurred and be sure to examine the area to see what contributed to the incident. Look at the area with the guest.
- Helping the injured person will be the primary concern immediately following an incident. Never leave the person alone. If assistance is needed send someone else or have someone stay with the person while you get help.
- Do not admit liability or fault for the incident. If they ask if we are going to pay for their medical costs simply state that someone from the Insurance company will be in touch with them.
- Protect the incident scene to prevent anyone else from getting hurt and to preserve the incident scene in an "as is" condition to help ensure an accurate investigation.
- Ask other guests or employees who witnessed the incident for a written statement. If they are reluctant to provide a statement, ask witnesses for their contact information.
- Complete a Guest Incident Report (even if the customer says that he/she is okay) and promptly e- mail it to the appropriate Manager or designated company representative(s). When completing the form, please remember to provide the guest the opportunity to provide a written statement as to what they believed happened. Make sure that the statement is properly dated and signed and attach it to the incident report.
- Complete the form promptly and in a private location. NEVER ask the guest to complete the form.
- Do not give a copy of the report to the injured party. If a guest asks for a copy of the form, tell the guest that the form is used for internal reporting purposes only and that you are not authorized to release the form.
- The information will be collected, and the analysis completed using our "Incident Investigation Report."
- Photos need to be taken of the general area, any defective conditions and anything else that could be considered as a contributing factor of the incident. Use your personal cell phone to take photographs and video of the area where the incident occurred and preserve any surveillance video which may show what happened. Forward this information along with your findings.
- If the guest asks, "what happens next?", tell them that you will report the incident and give them the Manager or the designated company representative's phone number.
- Only document the facts surrounding the event. Do not include any personal opinions.
- Once the root cause is determined, corrective action will be initiated immediately following standard procedure.

Injured Party Information

Name of injured party:					
Address of injured party:					
City:		State		Zip	
Phone Number:					
The injured party was: <input type="checkbox"/> Customer <input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other (<i>specify</i>)					
If Employee or Contractor, what is their title, ID# and what department do they work in?					
Direction of Trip or Fall: <input type="checkbox"/> Backwards <input type="checkbox"/> Forwards <input type="checkbox"/> Left <input type="checkbox"/> Right					
Portion of the foot that slipped or tripped: <input type="checkbox"/> Toe <input type="checkbox"/> Heel <input type="checkbox"/> Right Foot <input type="checkbox"/> Left Foot					
Type of Injury (<i>check all that apply</i>): <input type="checkbox"/> Right Side of Body <input type="checkbox"/> Left Side of Body					
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Elbow <input type="checkbox"/> Back					
<input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot					
Was the injured party wearing glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What type of glasses? <input type="checkbox"/> Normal <input type="checkbox"/> Bi-Focal <input type="checkbox"/> Tri-Focal <input type="checkbox"/> Other (<i>specify</i>)					
What type of Footwear was the injured party wearing? (<i>take a photo</i>) <input type="checkbox"/> Flip-Flops <input type="checkbox"/> Sandals					
<input type="checkbox"/> Flat Soles <input type="checkbox"/> High heels <input type="checkbox"/> Other (<i>specify</i>) _____					
Was the Injured party carrying anything at the time of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Incident Location

Where did the incident occur? <input type="checkbox"/> Inside the building <input type="checkbox"/> Outside the building <input type="checkbox"/> Other
Location:
Description of what you understand was the cause of the event
Location description: <input type="checkbox"/> Level Flooring <input type="checkbox"/> Ramp <input type="checkbox"/> Stairs <input type="checkbox"/> Escalator <input type="checkbox"/> Curb <input type="checkbox"/> Sidewalk <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other (<i>specify</i>) _____
Was the surface contaminated or slippery? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the containment? <input type="checkbox"/> Water <input type="checkbox"/> Oily Substance <input type="checkbox"/> Dry Soil <input type="checkbox"/> Food <input type="checkbox"/> Other (<i>describe</i>)
Were warning signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many (<i>take a photo</i>)?
Did the event involve a floor mat? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was the mat lying flat at the time of the event? <input type="checkbox"/> Yes (<i>take a photo</i>) <input type="checkbox"/> No
Was there a change in elevation where the incident occurred (<i>such as floor mat to tile</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of event:
Contributing factors to incident include (<i>rain, snow, merchandise on floor, etc.</i>):
What was the lighting conditions at the location? <input type="checkbox"/> Dimly Lit <input type="checkbox"/> Well Lit <input type="checkbox"/> Windows nearby <input type="checkbox"/> Glare
Describe the weather on the day of the incident?

Be sure to include photos.

Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No How many witnesses?	
Witness #1 Name:	
Witnesses Phone Number:	
Witness #2 Name:	
Witnesses Phone Number:	
Witness #3 Name:	
Witnesses Phone Number:	

Be sure to have the witnesses prepare a written statement detailing what they observed. In their statements be sure they include their location at the time of the incident. Add additional pages if there are more witnesses.

Report Completed by:		Date:	
Title:		ID#:	
Report Reviewed by:		Date:	
Title:		ID#:	