

Slip and Fall Incident Report

Fill this out the same shift. Write what people said in their own words. Don't guess at causes or admit fault.



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When and where

DATE

TIME

EXACT SPOT (DINING ROOM, RESTROOM, PATIO)

MANAGER ON DUTY

REPORTED BY

The person who fell

NAME

PHONE OR EMAIL

GUEST, STAFF, OR VENDOR

SAID THEY'RE HURT?

Conditions at the time

- | | |
|--|---|
| ☐ Floor wet | ☐ Spill or debris |
| ☐ Wet floor sign out | ☐ Mat or rug present |
| ☐ Uneven step or edge | ☐ Rain or ice |

Response

- | | |
|---|---|
| ☐ First aid given | ☐ 911 called |
| ☐ Declined help | ☐ Photos taken |
| ☐ Camera footage saved | ☐ Area blocked off |

What happened

In order, in their words where you can.

Witnesses

NAME

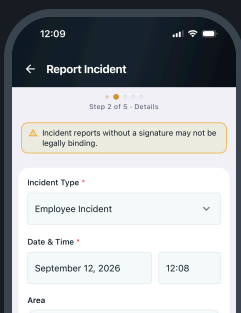
PHONE OR EMAIL

Sign-off

MANAGER (PRINT AND SIGN)

DATE

TIME COMPLETED



Or file it from your phone before close.

HOSP saves every incident with photos, time stamps, and signatures in one place.

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