Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004

4/2001

Slip and Fall Incident Report Form

Claimant Information

Name: _____		**Sex** ☐ **M** ☐ **F**	**Age** _____
Address _____		**Phone Number** _____	
Location of Incident:	_____	Task being Performed:	_____
Name of Witness #1:	_____	Name of Witness #2:	_____
Phone # of Witness #1:	_____	Phone # of Witness #2:	_____

Incident Information

Incident date: ____/____/____ **Day of week:** _____ **Time:** _____:_____ **AM** ☐ **PM** ☐

Location of incident? _____

Was incident reported when it occurred?	☐ **Yes** ☐ **No**

Describe Clearly How the Incident Occurred:

_____

Witnesses Account of Incident:

_____

Analysis (What Acts and / or conditions directly contributed to the incident?):

_____

Corrective Action (What actions have or will be taken to prevent recurrence):

_____

Signature of Claimant: _____	**Date:** _____
Signature of Witness #1: _____	**Date:** _____
Signature of Witness #2: _____	**Date:** _____

Bodily Injury Information

Cause of injury: **Describe unsafe conditions or unsafe acts:**	_____		
Client injured by:	☐ Self-inflicted	☐ Staff member	☐ Other member
Incident Occurred:	☐ Entering facility	☐ Inside of facility	☐ While exercising
	☐ Exiting facility	☐ Outside of facility	☐ Other: _____
Specific area where incident occurred:	_____		
Type of injury:	☐ Abrasion/scratch	☐ Fracture/break	☐ Sprain/strain

	☐ Contusion/bruise	☐ Laceration/cut	☐ Other: _____
Action Taken:	☐ None	☐ First Aid treatment by Staff	☐ Other: _____
	☐ Referred to Doctor (Doctor's Name: _____	☐ Referred to nurse Nurse's Name: _____	☐ Transported to hospital: Name of hospital:
	Person Notified: _____	Time Notified: _____ ☐ ***AM*** ☐ ***PM***	
Treatment Provided:	☐ None	☐ First aid	☐ Medical office visit
	☐ Emergency room /outpatient	☐ Inpatient services	☐ Other: _____
Part of body injured:	☐ Abdomen	☐ Eye	☐ Leg
	☐ Arm	☐ Foot / toes / ankle	☐ Mouth / Teeth
	☐ Back	☐ Hand / fingers	☐ Neck
	☐ Chest	☐ Head / skull	☐ Nose
	☐ Ear	☐ Knee	☐ Other: _____

Supervisor's Report of Accident

Manager / Supervisor's Name: _____

Basic Rules for Incident Investigation

- Find the cause to prevent future incidents - Use an unbiased approach during investigation
- Interview witnesses & injured employees at the scene - conduct a walkthrough of the incident
- Conduct interviews in private - Interview one witness at a time.
- Get signed statements from all involved.
- Take photos or make a sketch of the incident scene.
- What hazards or unsafe conditions are present - what unsafe acts contributed to accident
- Ensure hazardous conditions are corrected immediately.

Supervisor's Root Cause Analysis

Check ALL that apply to this incident

Unsafe Acts		Unsafe Conditions	
By-passing or avoiding safety devices	☐	Damaged flooring, tiles or surfaces	☐
Drug or alcohol use	☐	Inadequate guarding of hazards	☐
Entered area without authority	☐	Insufficient lighting	☐
Failure to warn (no warning signs)	☐	Lack of flooring covering (mats)	☐
Horseplay	☐	Lack of safety devices (handrails)	☐
Improper maintenance of area	☐	Obstructed view	☐
Insufficient knowledge of area	☐	Poor housekeeping	☐
Moving at improper speeds	☐	Poor surface conditions	☐
Safety rule violation	☐	Slippery / wet conditions (spills)	☐
Other:	☐	Tripping hazards / congestion in area	☐
		Other:	☐
	Date		**Date**
Re-Training Assigned		Unsafe Condition Guarded	
Re-Training Completed		Unsafe Condition Corrected	
Supervisor Signature: _____		**Date:** _____	