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PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

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:

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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:**	