



STORE INCIDENT REPORT				DATE OCCURRED	DAY OCCURRED (CIRCLE ONE)	TIME OCCURRED	AM
PLEASE PRINT EXCEPT WHERE SPECIFIED OTHERWISE				/ /	SU / MO / TU / WE / TH / FR / SA		PM
STORE #	STORE NAME:			CUSTOMER NAME – LAST, FIRST		MAIDEN NAME	
STORE ADDRESS - STREET, CITY, STATE, ZIP CODE				CUSTOMER ADDRESS – STREET, CITY, STATE, ZIP CODE			
CUSTOMER INFORMATION	BIRTHDATE / /	SOCIAL SECURITY #		HOME TELEPHONE # ()	BUSINESS TELEPHONE # ()		
CUSTOMER'S OWN DESCRIPTION OF INCIDENT:				CUSTOMER'S OWN DESCRIPTION OF PART(S) OF BODY INJURED:			
DID THE CUSTOMER STATE IF A SUBSTANCE / OBJECT WAS THE CAUSE OF THIS INCIDENT: () YES () NO				CUSTOMER'S OWN DESCRIPTION OF INJURIES:			
DID CUSTOMER OBSERVE THE SUBSTANCE / OBJECT AT ANY TIME PRIOR TO INCIDENT: () YES () NO							
WAS CUSTOMER'S FIELD OF VISION BLOCKED AT ANYTIME PRIOR TO INCIDENT: () YES () NO							
REMARKS.....							
CUSTOMER'S SIGNATURE			DATE SIGNED: / /				
PREPARED BY:	SIGNATURE:	PRINTED NAME:		JOB TITLE:	DATE COMPLETED / /		
MANAGER NAME:				INCIDENT LOCATION			
			STORE TELEPHONE # ()		DEPARTMENT		NAME OF EMPLOYEE IN CHARGE
WEATHER CONDITIONS: () DRY () RAIN () SNOW				WALKING SURFACE: (√) ONE () DRY () WET () SMOOTH () UNEVEN		LIGHTING: () GOOD () POOR	
CUST-OMER	() GLASSES () RUNNING () CRUTCHES / CANE () FOOTWEAR (DESCRIBE) _____			PHYSICAL DEFECTS IN AREA			
	FALLS ONLY – DESCRIBE ATTIRE			INCIDENT SCENE INSPECTED? () YES () NO		IF YES, BY WHOM:	
OBSERVATION AS TO CAUSE OF INCIDENT:				NON – EMPLOYEE WITNESS(ES) (Name, Address & Phone #s)			
INCIDENT NOTES / OBSERVATIONS:				[]			
VENDOR (NAME):				[]			
ANOTHER CUSTOMER:				[]			
OTHER:				EMPLOYEE WITNESS(ES) (Name Only)			

