Slip and Fall Incident Review

Employee(s) injured _______________________ Department_________________

Date and time of Incident ____________________________________________

Location of fall ____________________________________________________

Cause of fall (comment in the additional information section, as needed):
  o Inattention of employee
  o Slippery/wet surface
  o Poor lit area
  o Power cord(s)
  o Improper foot-wear
  o Employee negligence
  o Walking too fast/running
  o Loss of balance
  o Employee horseplay
  o Third party (vendor, visitor, other department) Please explain
    ________________________________________________________________
  o Other _________________________________________________________

Was fall caused by wet floor signs not being posted?
  o Yes
  o No

What corrective action steps have/will be taken to prevent this type of
incident from occurring in the future? I.e. counseling, discussion on fall
prevention in staff meetings, etc.

  ________________________________________________________________
  ________________________________________________________________

Additional information _____________________________________________

  ________________________________________________________________
  ________________________________________________________________

Supervisor/Manager signature _______________________ Date___________
Telephone #________________

Please copy to Workers’ Compensation Unit - Human Resources Ticon III and EH&S - FSSB