

General Liability Injury Incident Report

Date of accident: _____ Time of accident: _____

Location of loss (street/city/state): _____

Describe weather outside at that time: _____

Wet floor signs out? Yes No N/A

Describe incident area: _____

Was area inspected by employee? Yes No If yes, by whom? _____

Results of inspection: _____

Were pictures taken? Yes No Video available? Yes No

Describe what happened: _____

Were authorities contacted? Yes No

If yes, whom was contacted: _____

Injured person/address/phone number: _____

Describe injury: _____

Was injured party taken to hospital? Yes No

Name/address of facility: _____

Any witnesses to this incident? Yes No

If yes, provide name, address, phone number: _____

Employee Name (please print): _____

Employee Signature: _____ Date: _____

If needed, you may use the back of this sheet to provide additional information.

