

Occupiers' Liability – Slip and Fall  **IBC** | Insurance Bureau
of Canada

Sample Slip and Fall Incident Report

Date of incident:: _____ Date reported: _____
Time of incident: _____ Time reported: _____
Location: _____
Reported by: Name: _____
Position: _____
Phone Number(s): _____

Bodily Injury:

Name of injured person: _____
Phone number: _____
Description of Injury:

Incident Description: (use reverse for more detail)

Witnesses:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Additional Details:

Type of footwear worn: _____
Weather conditions at the time of incident: _____
Direction of movement and intent of injured person: _____

Incident Prevention:

Was the incident preventable? Yes No

Suggested corrective action:

Attachments:

Attach any photographs of the site where the incident occurred.

Name of photographer: _____
Date photographs taken: _____
Phone number(s): _____

Signature: _____