

Basic Incident Report Template Example

Reported by: Alexandra Mattson
Title / Role: Customer Service Manager

Date of report: March 28, 2025
Incident no.: INC-2025-0034

Incident Information			
Incident type: <u>Slip and Fall</u>		Date of incident: <u>March 27, 2025</u>	
Location: <u>Main Office Building</u>			
City: <u>San Diego</u>	State: <u>California</u>	Zip code: <u>92101</u>	
Specific area of location (if applicable): <u>Lobby near the reception desk</u>			

Incident description:

At approximately 9:45 AM on March 27, 2025, a visitor slipped on a wet floor in the lobby near the reception desk. The floor had recently been mopped, but no wet floor sign was present at the time of the incident. The individual fell backward and hit their elbow on the tile floor, resulting in visible swelling and discomfort.

Name / Role / Contact / Statement of parties involved:

1.	Aviv Perez / Visitor / aviv.perez@email.com (555) 123-4567
2.	Diana Kennedy / Receptionist Supervisor / diana.kennedy@email.com (555) 987-6543
3.	Brian Gorman / Maintenance Staff / brian.gorman@email.com (555) 111-2233

Name / Role / Contact of witnesses:

- 1. Brooklyn Jansen / Office Assistant / brooklyn.jansen@email.com | (555) 444-5566
- 2. Carmen Robertson / Security Guard / carmen.robertson@email.com | (555) 777-8899
- 3. Devon Gomez / Delivery Driver (present at the time) / devon.gomez@email.com | (555) 333-1122

Immediate actions taken (if any):

- Assisted the injured party to a seated position and provided an ice pack for swelling.
- Called emergency medical services to assess the injury.
- Notified building management about the absence of a wet floor sign.

Reported to: Diana Kennedy, Receptionist Supervisor

Follow-up actions required (if any):

- Review maintenance protocols to ensure wet floor signs are placed immediately after mopping.
- Conduct an incident investigation to determine accountability.
- Provide training for maintenance staff on safety procedures.

Additional notes or comments:

The injured party was cooperative and appreciative of the assistance provided but expressed concerns about safety protocols in the building.

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State: _____

Zip code _____

Specific area of location (if applicable): _____

Incident description:

Name / Role / Contact / Statement of parties involved:

1.	<div></div>
2.	<div></div>
3.	<div></div>

Name / Role / Contact of witnesses:

1.	_____
2.	_____
3.	_____

Immediate actions taken (if any):

Reported to: _____

Follow-up actions required (if any):

Additional notes or comments:

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