

CUSTOMER ACCIDENT/INCIDENT REPORT

Instruction: This form must be completed by the store manager whenever an accident/incident occurs. The assistant manager or authorized designate for the store will be responsible for completing this form in the absence of the store manager. The store manager must ensure a copy of the completed report is forwarded to the Human Resources Manager.

Date of Report: _____

Store Location: _____

Date of Accident: _____ Exact Time of Accident: _____ A.M./P.M.

Name of Manager on duty at time of accident:

Name of Store Employee who completed this report:

1. Did you witness accident/incident? Yes No

2. If not, who informed you of the accident?

Outside weather conditions: (circle all that apply): Clear, Cloudy, Raining, Snowing,
Windy, Light, Dark

Other _____

Exact location of accident/incident at store

Description of Accident or Incident:

Did you inspect location immediately after accident/incident? Yes No

Exact Time of inspection: _____ Number of photographs taken of location:

Was location clean? Yes No Dry? Yes No

Any signs Posted? _____

When was the last time the area was cleaned? _____ By whom?

When was the last time the area was checked? _____ By whom?

Describe lighting conditions:

INJURED PERSON INFORMATION

Name of person injured:

Home Address:

Home Phone #: _____

Work Phone #: _____

Age or Date of Birth: _____

Was injured person wearing glasses?

Type of footwear injured person was wearing:

Describe Injury:

Describe medical care at scene (if any) & name of doctor, hospital or clinic:

Name of injured person's companion, if any:

Address:

Home Phone #: _____

Witnesses, if any:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Signed by Supervisor _____ Supervisor's Name _____

Signed by Person Involved: _____ Signed by HR: _____

Signed by Store
Manager: _____ Date: _____