

**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: \_\_\_\_\_