

General Liability Slip Trip and Fall Investigation Report

Instructions: Obtain statements from the primary party and any witnesses to include what happened, including contributing factors to the incident. Take photos of the scene as prescribed in this report. Attach additional sheets if necessary.

Slip Trip Fall Victim Data			
Slip Trip Fall Claimant Name:		Slip Trip Fall Claimant Address:	
		Claimant's Phone Number:	
Date of Incident:		Time of Incident: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Reported:
		Why Was Reporting Delayed?	
Address of Incident:		Location of Incident: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
		Describe exact location:	
Does primary party have employment on this premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of witness(es):	Witness(es) Phone Number(s):	Witness statements obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Description:			
1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.			
2. Describe clearly how the fall occurred, including distance from hazard, from contaminant or premise.		3. Describe condition of the walking surface and environmental conditions (e.g., inadequate lighting, noise, etc.) at the spot of the fall.	
4. What object(s) or substance(s) contributed to the fall?		5. Describe claimant's Footwear: Type: Sole Material: <input type="checkbox"/> Leather <input type="checkbox"/> Rubber <input type="checkbox"/> Other: _____ Photos of footwear taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.		Did claimant indicate a potential head injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is incident documented on surveillance video or phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Has the video been secured from deletion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Initial Investigator:			
Incident Investigator Name:		Date of Investigation:	Time of Investigation: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

CHECK ALL DIRECT CAUSES THAT MAY HAVE CONTRIBUTED TO THE INCIDENT

What Walking Surface Factors To Be Considered?

Not Applicable

Victim Actions

Claimant Carrying Items (list):

Claimant Texting or Looking At Phone

Claimant's Footwear Inappropriate for Conditions

Claimant Walking in Area Not Intended for Pedestrians

Claimant Running

Claimant Tripped Over Own Objects

Claimant Appeared Intoxicated or Under Influence of Substance

Noise (Startled, Distraction)

Use of cane or other ambulatory assistance

Other:

Walking Surface & Other Conditions

Surface Defects (list):

Broken or Deteriorated Steps

Snow/Ice Covered

Moisture

Spill

Food

Floor Mat Raised or Buckled

Change in Flooring Material Types

Objects In Parking Lot or Sidewalk

Lighting (Inadequate or Glare)

Coefficient of friction too low or too high

Other:

Wet Conditions

Weather Related Moisture

Moisture Carried Into Building on Umbrellas, Patron Outer Wear, Footwear

Inadequate Length of Floor Mat to Absorb Moisture

Absence of Floor Mat Where Needed

Snow and Ice (outside) Maintenance Not Performed

Inadequate Warning Signs for Conditions When Needed

Other:

CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY

What caused or influenced the substandard conditions or behaviors?

- Claimant Inattention
- Claimant Under Influence
- Claimant Stability
- Claimant Inappropriate Actions

- Improper Maintenance of Walking Surface
- Inadequate Cleaning of Floor Surface
- Snow and Ice Maintenance Not Performed

- Inadequate Spill Clean Up
- Claimant Visual Acuity
- Lack of Warning Signage
- Other:

CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES

What corrective actions have been taken or are needed to prevent a recurrence?

- Provide Additional Absorbent Mats During Weather Events
- Ensure Mats are Flat and Secured From Movement or Buckling
- Measure Floor Coefficient of Friction (Slip Resistance)
- Replace Flooring Material
- Other:

- Repair Walking Surfaces
- Provide a Spill Clean Up Kit
- Provide Umbrella Bags
- Barricade Wet Floor Areas
- Barricade any Walking Surface Hazards
- Add Traction Enhancement Materials

- Increase Frequency of Floor Inspections
- Provide Warning Signage during Wet Floor Conditions (Specifically Weather Related)
- Formalize Floor Cleaning Procedure and Training
- Evaluate the Effectiveness of Floor Cleaning Procedures and Cleaning Agents
- Improve Snow Maintenance Procedures

Remedial Actions To Be Taken	Person Responsible	Completion Target Date	Actual Completion Date

Verified by (signature): _____ Date: _____

Conclusion Notes or Diagrams:

Learn more about [managing slip and fall risks](https://cna.com/riskcontrol) at cna.com/riskcontrol (US) or cnacanada.ca (Canada).

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