GUEST INCIDENT / INJURY REPORT FORM

IMPORTANT: Print, fill out and sign this form. Email a scanned copy to hr@teamschierl.com

GUEST INFORMATION

Guest Name: _____

Contact Phone Number: _____

Email Address: _____

Home Address: _____

INCIDENT INFORMATION

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

DESCRIPTION OF INCIDENT

Please describe exactly what happened, including the injury and the conditions at the time of the incident.

_____

_____

_____

CONDITIONS AT TIME OF INCIDENT

Weather Conditions (if applicable)

☐ Clear
☐ Rain
☐ Snow/Ice
☐ Wet Floor
☐ Other: _____

Area Condition

☐ Clean/Dry
☐ Wet
☐ Cluttered
☐ Poor Lighting
☐ Damaged Surface
☐ Other: _____

PHOTOS / VIDEO

☐ Photos Taken
☐ Video Recorded/Stored
☐ No Photos or Video Available

Was emergency medical assistance called?

☐ Yes ☐ No

Was the Guest transported for medical treatment?

☐ Yes ☐ No

If yes, where?

_____

_____

_____

WITNESS INFORMATION

Name: _____

Phone Number: _____

Statement:

_____

_____

_____

ROOT CAUSE OF THE INCIDENT

Select the primary root cause of the incident:

☐ **Environment** – The mechanical, physical, or equipment conditions were in need of maintenance or failed.

☐ **Knowledge** – There was a lack of education and/or ability to perform the job safely (e.g., insufficient training, unclear instructions, lack of experience).

☐ **Motivation** – There was a lack of desire to perform the work safely (e.g., rushing, taking shortcuts, not following procedures, complacency).

☐ **Other** – Please explain below

What actions have been taken to help prevent future incidents?

_____

_____

_____

REPORT COMPLETION

Report Completed By (Print Name): _____

Title: _____

Date Completed: _____

Signature: _____

Guest Signature (Optional)

Signature: _____

Date: _____