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| **Fall Incident Information** | | | | | | |
| **Date:** | [INSERT MONTH DAY YEAR] | | | **Time:** | 00:00 AM/PM | |
| **Fall Incident Location:** | | | | [INSERT NAME OF LOCATION] | | |
| **Complete Description**  **of Fall Incident:** | | | | [INSERT DETAILS] | | |
| **Cause of the**  **Fall Incident:** | | | | [INSERT DETAILS] | | |
| **What was the weather condition at the time of the incident?** | | ◻Good Weather | | ◻Fairly Good Weather | ◻ Fairly  Bad Weather | ◻Bad Weather |
| **What was the condition of the walking surface at the time of the incident?** | | ◻Very Smooth and Wet | | ◻Very Smooth and Dry | ◻Very Rough and Dry | ◻ Very Rough and Wet |
| **Was the fall incident immediately reported as it occurred?** | | | ◻Yes | ◻Some what | ◻No | |
| If the answer is no, please explain in complete detail how the fall incident was reported: | | | | [INSERT DETAILS] | | |
| **Claimant Information** | | | | | | |
| **Name of Claimant:** | | | | [INSERT COMPLETE NAME] | | |
| **Address of Claimant:** | | | | [INSERT COMPLETE ADDRESS] | | |
| **Age Group of Claimant:** | | ◻Minor | | ◻ Teen | ◻Young Adult | ◻ Mature Adult |
| **Phone No.:** | | | (000) 0000-0000 | **Mobile No.:** | +000-00-000-0000 | |
| **Why was the claimant in the location?** | | | | [INSERT DETAILS] | | |
| **What was the claimant doing before the fall incident happened?** | | | |  | | |
| **What type of and what was the condition of the claimant’s footwear?** | | | |  | | |
| **Describe in full detail the claimant’s injury.** | | | |  | | |
| **Describe in full detail the treatment applied on the claimant’s injury.** | | | |  | | |
| **Was the claimant transported immediately to any medical facility for treatment?** | | | ◻Yes | ◻Somewhat | ◻ No | |
| **Name of Medical Facility:** | | | | [INSERT COMPLETE NAME] | | |
| **Name of Attendant:** | | | | [INSERT COMPLETE NAME] | | |
| **Fall Incident Information** | | | | | | |
| **Was there an immediate inspection on the incident location?** | | | ◻Yes | ◻  Somewhat | ◻  No | |
| **Inspection**  **Date:** | | | [INSERT MONTH DAY YEAR] | **Inspection**  **Time:** | 00 : 00 AM / PM | |
| **Name of Inspector:** | | | | [INSERT COMPLETE NAME] | | |
| **Describe in full detail how the fall incident was discovered.** | | | | [INSERT DETAILS] | | |
| **Describe in full detail the conditions of the scene where the fall incident happened.** | | | | [INSERT DETAILS] | | |
| **Was the scene where the fall happened photographed by an authorized personnel?** | | | ◻Yes | ◻Somewhat | ◻No | |
| **Were there visible caution signs at the location?** | | | ◻Yes | ◻Somewhat | ◻No | |
| **Was the claimant using any form of aid for walking during the fall incident?** | | | ◻Yes | ◻Somewhat | ◻No | |
| **Were there witnesses during the fall incident?** | | | ◻Yes | ◻Somewhat | ◻No | |
| If the answer is yes, please list down the names of the witnesses, their comments, and their contact information. | | | | [INSERT DETAILS] | | |
| **More Information on the Fall Incident** | | | | | | |
| [INSERT MORE DETAILS ABOUT THE INCIDENT  OTHER THAN WHAT WAS QUESTIONED] | | | | | | |
| **Reporter Information** | | | | | | |
| **Reported Completed By:** | | | | [INSERT COMPLETE NAME] | | |
| **Completion Date:** | | | | [INSERT MONTH DAY YEAR] | | |
| **Signature of Reporter:** | | | | [INSERT SIGNATURE] | | |
| **Approval of Receiver** | | | | | | |
| **Reported Received By:** | | | | [INSERT COMPLETE NAME] | | |
| **Receipt Date:** | | | | [INSERT MONTH DAY YEAR] | | |
| **Signature of**  **Authorized Personnel:** | | | | [INSERT SIGNATURE] | | |