**RESTAURANT INCIDENT REPORT FORM**

Use this Incident Report Form to report any personal injuries, near misses or any dangerous occurrences which took place inside the [SPECIFY YOUR RESTAURANT NAME] premises. Retain a copy of this form for record purposes of the restaurant.

**BRIEF DETAILS OF THE RESTAURANT INCIDENT OR ACCIDENT**

Date of Incident or Accident: [SPECIFY THE DATE OF THE RESTAURANT INCIDENT OR ACCIDENT]

Time of Incident or Accident: [SPECIFY THE TIME OF THE RESTAURANT INCIDENT OR ACCIDENT]

Specific location of the Restaurant Incident or Accident: [SPECIFY THE SPECIFIC LOCATION IN THE RESTAURANT WHERE THE INCIDENT OR ACCIDENT HAPPENED]

Date of restaurant incident or accident reported: [SPECIFY THE DATE OF THE RESTAURANT

INCIDENT OR ACCIDENT HAVING BEEN REPORTED]

Time of restaurant incident or accident reported: [SPECIFY THE TIME OF THE RESTAURANT

INCIDENT OR ACCIDENT HAVING BEEN REPORTED]

Brief description the restaurant incident or accident: [SPECIFY AND BRIEFLY DESCRIBE THE RESTAURANT INCIDENT OR ACCIDENT]

What happened during the restaurant incident or accident? [SPECIFY AND STATE WHAT HAPPENED DURING THE RESTAURANT INCIDENT OR ACCIDENT]

How did the restaurant incident or accident happened? [SPECIFY AND STATE HOW THE RESTAURANT INCIDENT OR ACCIDENT HAPPENED]

**PERSONAL DETAILS OF THE INJURED PERSON OR PARTY/IES**

Person injured or affected by reason of the restaurant incident or accident: (Tick if applicable)

☐ Restaurant Guest ☐ Restaurant Non-Guest ☐ Restaurant Employee/Personnel/Staff Member

If Non-guest, specify purpose of visit at the restaurant: [SPECIFY AND STATE THE PURPOSE OF VISIT OF THE NON-GUEST AT THE RESTAURANT DURING THE INCIDENT OR ACCIDENT]

Name: [SPECIFY THE FULL AND COMPLETE NAME OF THE INJURED PERSON OR PARTY/IES]

Age: [SPECIFY THE AGE OF THE INJURED PERSON OR PARTY/IES]

Sex: (Tick if Applicable) ☐ Male ☐ Female

Address: [SPECIFY THE FULL AND COMPLETE STREET ADDRESS OF THE INJURED PARTY/IES]

City: [SPECIFY AND SPELL OUT THE CITY ADDRESS OF THE INJURED PERSON OR PARTY/IES]

State: [SPECIFY AND SPELL OUT THE STATE ADDRESS OF THE INJURED PERSON OR PARTY/IES]

Zip: [SPECIFY AND SPELL OUT THE ZIP CODE/ADDRESS OF THE INJURED PERSON OR PARTY/IES]

Contact Number: [SPECIFY THE CONTACT NUMBER OF THE INJURED PERSON OR PARTY/IES]

Email Address: [SPECIFY THE EMAIL ADDRESS OF THE INJURED PERSON OR PARTY/IES]

Social Security Number: [SPECIFY THE SOCIAL SECURITY NUMBER OF THE INJURED PARTY/IES]

Date of Birth: [SPECIFY THE DATE OF BIRTH OF THE INJURED PERSON OR PARTY/IES]

Emergency Contact Person: [SPECIFY THE FULL AND COMPLETE NAME OF THE EMERGENCY CONTACT PERSON OF THE INJURED PERSON OR PARTY/IES]

Contact Details of the Injured Party/ies’ Emergency Contact Person: [SPECIFY THE CONTACT DETAILS OF THE INJURED PERSON OR PARTY/IES’ EMERGENCY CONTACT PERSON]

Statement of the Injured Person or Party/ies:

[SPECIFY THE STATEMENTS OF THE INJURED PERSON OR PARTY/IES AS TO WHAT HAPPENED DURING THE RESTAURANT INCIDENT OR ACCIDENT]

Description of the Restaurant Incident or Accident:

[SPECIFY AND DESCRIBE THE INJURED PERSON OR PARTY/IES’ OWN DESCRIPTION OF THE RESTAURANT INCIDENT OR ACCIDENT]

(The statements above are a true and correct account of this incident/accident)

Injured Party’s Signature: [PLACE HERE THE SIGNATURE OF THE INJURED PERSON OR PARTY/IES]

Date: [SPECIFY THE DATE OF SIGNING]

**DESCRIPTION OF THE INJURY OR DAMAGE DUE TO THE RESTAURANT INCIDENT OR ACCIDENT**

What is the nature of the injury?

[SPECIFY AND DESCRIBE THE NATURE OF THE INJURY CAUSED BY THE RESTAURANT INCIDENT OR ACCIDENT]

What part of the body was injured?

[SPECIFY AND DESCRIBE WHICH PART OF THE BODY OF THE INJURED PERSON OR PARTY/IES WAS OR WERE INJURED AND AFFECTED BY REASON OF THE RESTAURANT INCIDENT OR ACCIDENT]

Was there any restaurant equipment involved? (Tick if applicable) ☐ Yes ☐ No

If yes, describe the damage: [SPECIFY AND DESCRIBE THE RESTAURANT EQUIPMENT DAMAGED OR AFFECTED DURING THE ESTAURANT INCIDENT OR ACCIDENT]

Name of the Restaurant equipment: [SPECIFY THE NAME OF THE RESTAURANT EQUIPMENT]

Equipment Model and Year: [SPECIFY THE MODEL AND YEAR OF THE RESTAURANT EQUIPMENT]

Restaurant Equipment Make: [SPECIFY THE MAKE OF THE RESTAURANT EQUIPMENT]

Restaurant Equipment Type: [SPECIFY THE TYPE OF THE RESTAURANT EQUIPMENT]

**CUSTOMER PROPERTY DAMAGE**

Name of the restaurant customer’s damaged property: [SPECIFY THE NAME OF THE RESTAURANT CUSTOMER’S DAMAGED PROPERTY BY REASON OF THE RESTAURANT INCIDENT OR ACCIDENT]

Value of the damaged personal property (according to the Customer): [SPECIFY THE VALUE OF THE DAMAGED PERSONAL PROPERTY (ACCORDING TO THE RESTAURANT CUSTOMER-OWNER)]

Property Model and Year: [SPECIFY THE MODEL AND YEAR OF THE DAMAGED PROPERTY]

Property Type: [SPECIFY THE TYPE OF THE DAMAGED PROPERTY]

**TREATMENT DETAILS OF THE INJURED PERSON OR PARTY/IES**

Was medical treatment required? (Tick if applicable) ☐ Yes ☐ No

If yes, what kind? (Tick if applicable)

☐ First Aid ☐ Outpatient Clinic ☐ Advised to see a General Physician ☐ Hospital

Hospital Stay? (Tick if applicable) ☐ Yes ☐ No

If yes, How many nights? [SPECIFY THE NUMBER OF NIGHTS THE INJURED PERSON OR PARTY/IES STAYED IN THE HOSPITAL BY REASON OF THE RESTAURANT INCIDENT OR ACCIDENT]

Specify nature of medical treatment required: [SPECIFY AND DESCRIBE THE NATURE OF THE MEDICAL TREATMENT REQUIRED AND GIVEN TO THE INJURED PERSON OR PARTY/IES BY REASON OF THE RESTAURANT INCIDENT OR ACCIDENT]

Absent from work? (Tick if applicable) ☐ Yes ☐ No

If yes, how many days? [SPECIFY THE NUMBER OF DAYS THE INJURED PERSON OR PARTY/IES WAS/WERE ABSENT FROM HIS OR HER WORK DUE TO THE RESTAURANT INCIDENT OR ACCIDENT]

Other treatment details:

[SPECIFY THE OTHER DETAILS OF THE TREATMENT GIVEN OR UNDERWENT BY THE INJURED PERSON OR PARTY/IES BY REASON OF THE RESTAURANT INCIDENT OR ACCIDENT]

**WITNESSES TO THE RESTAURANT INCIDENT OR ACCIDENT**

Were there any witnesses during the incident or accident? (Tick if applicable) ☐ Yes ☐ No

Name: [SPECIFY THE FULL AND COMPLETE NAME OF THE WITNESS]

Age: [SPECIFY THE AGE OF THE WITNESS]

Sex: (Tick if Applicable) ☐ Male ☐ Female

Address: [SPECIFY THE FULL AND COMPLETE STREET ADDRESS OF THE WITNESS]

City: [SPECIFY AND SPELL OUT THE CITY ADDRESS OF THE WITNESS]

State: [SPECIFY AND SPELL OUT THE STATE ADDRESS OF THE WITNESS]

Zip: [SPECIFY AND SPELL OUT THE ZIP CODE/ADDRESS OF THE WITNESS]

Contact Number: [SPECIFY THE CONTACT NUMBER OF THE WITNESS]

Email Address: [SPECIFY THE EMAIL ADDRESS OF THE WITNESS]

Social Security Number: [SPECIFY THE SOCIAL SECURITY NUMBER OF THE WITNESS]

Date of Birth: [SPECIFY THE DATE OF BIRTH OF THE WITNESS]

The following is my statement of what I saw:

[SPECIFY AND STATE THE STATEMENT OF THE WITNESS AS TO WHAT HE OR SHE SAW DURING THE RESTAURANT INCIDENT OR ACCIDENT]

The following is my statement of what I heard the injured person say:

[SPECIFY AND STATE THE STATEMENT OF THE WITNESS AS TO WHAT HE OR SHE HEARD FROM THE INJURED PERSON OR PARTY/IES DURING THE RESTAURANT INCIDENT OR ACCIDENT]

(The details and statements above are the true and correct account of what I witnessed, observed and heard during and about this restaurant incident or accident)

Witness Signature: [PLACE HERE THE SIGNATURE OF THE WITNESS]

Date: [SPECIFY THE DATE OF SIGNING]

**WITNESS 2**

Name: [SPECIFY THE FULL AND COMPLETE NAME OF THE WITNESS]

Age: [SPECIFY THE AGE OF THE WITNESS]

Sex: (Tick if Applicable) ☐ Male ☐ Female

Address: [SPECIFY THE FULL AND COMPLETE STREET ADDRESS OF THE WITNESS]

City: [SPECIFY AND SPELL OUT THE CITY ADDRESS OF THE WITNESS]

State: [SPECIFY AND SPELL OUT THE STATE ADDRESS OF THE WITNESS]

Zip: [SPECIFY AND SPELL OUT THE ZIP CODE/ADDRESS OF THE WITNESS]

Contact Number: [SPECIFY THE CONTACT NUMBER OF THE WITNESS]

Email Address: [SPECIFY THE EMAIL ADDRESS OF THE WITNESS]

Social Security Number: [SPECIFY THE SOCIAL SECURITY NUMBER OF THE WITNESS]

Date of Birth: [SPECIFY THE DATE OF BIRTH OF THE WITNESS]

The following is my statement of what I saw:

[SPECIFY AND STATE THE STATEMENT OF THE WITNESS AS TO WHAT HE OR SHE SAW DURING THE RESTAURANT INCIDENT OR ACCIDENT]

The following is my statement of what I heard the injured person say:

[SPECIFY AND STATE THE STATEMENT OF THE WITNESS AS TO WHAT HE OR SHE HEARD FROM THE INJURED PERSON OR PARTY/IES DURING THE RESTAURANT INCIDENT OR ACCIDENT]

(The details and statements above are the true and correct account of what I witnessed, observed and heard during and about this restaurant incident or accident)

Witness Signature: [PLACE HERE THE SIGNATURE OF THE WITNESS]

Date: [SPECIFY THE DATE OF SIGNING]

**WITNESS 3**

Name: [SPECIFY THE FULL AND COMPLETE NAME OF THE WITNESS]

Age: [SPECIFY THE AGE OF THE WITNESS]

Sex: (Tick if Applicable) ☐ Male ☐ Female

Address: [SPECIFY THE FULL AND COMPLETE STREET ADDRESS OF THE WITNESS]

City: [SPECIFY AND SPELL OUT THE CITY ADDRESS OF THE WITNESS]

State: [SPECIFY AND SPELL OUT THE STATE ADDRESS OF THE WITNESS]

Zip: [SPECIFY AND SPELL OUT THE ZIP CODE/ADDRESS OF THE WITNESS]

Contact Number: [SPECIFY THE CONTACT NUMBER OF THE WITNESS]

Email Address: [SPECIFY THE EMAIL ADDRESS OF THE WITNESS]

Social Security Number: [SPECIFY THE SOCIAL SECURITY NUMBER OF THE WITNESS]

Date of Birth: [SPECIFY THE DATE OF BIRTH OF THE WITNESS]

The following is my statement of what I saw:

[SPECIFY AND STATE THE STATEMENT OF THE WITNESS AS TO WHAT HE OR SHE SAW DURING THE RESTAURANT INCIDENT OR ACCIDENT]

The following is my statement of what I heard the injured person say:

[SPECIFY AND STATE THE STATEMENT OF THE WITNESS AS TO WHAT HE OR SHE HEARD FROM THE INJURED PERSON OR PARTY/IES DURING THE RESTAURANT INCIDENT OR ACCIDENT]

(The details and statements above are the true and correct account of what I witnessed, observed and heard during and about this restaurant incident or accident)

Witness Signature: [PLACE HERE THE SIGNATURE OF THE WITNESS]

Date: [SPECIFY THE DATE OF SIGNING]

**INCIDENT OR ACCIDENT INVESTIGATION**

Is this incident/accident being investigated by authorities? (Tick if applicable) ☐ Yes ☐ No

Name of the Investigating Officer: [SPECIFY THE FULL AND COMPLETE NAME OF THE ASSIGNED OFFICER INVESTIGATING THE RESTAURANT INCIDENT OR ACCIDENT]

Title/Position/Designation of the Investigating Officer: [SPECIFY THE TITLE/POSITION/ DESIGNATION OF THE OFFICER INVESTIGATING THE RESTAURANT INCIDENT OR ACCIDENT]

Investigating Officer’s Affiliation: [SPECIFY THE ORGANIZATION OR OFFICE OR DEPARTMENT AFFILIATION OF THE OFFICER INVESTIGATING THE RESTAURANT INCIDENT OR ACCIDENT]

Case Number: [SPECIFY THE CASE NUMBER OF THE RESTAURANT INCIDENT OR ACCIDENT IN THE INVESTIGATING AUTHORITIES’ RECORDS]

Investigating Officer’s Signature: [PLACE HERE THE SIGNATURE OF THE INVESTIGATING OFFICER]

Date: [SPECIFY THE DATE OF SIGNING]

**CURRENT STATUS OF THE SITUATION / OUTCOME OF THE RESTAURANT INCIDENT OR ACCIDENT**

[BRIEFLY STATE AND DESCRIBE THE CURRENT STATUS OF THE SITUATION OR THE OUTCOME OF THE RESTAURANT INCIDENT OR ACCIDENT]

**REQUIRED ACTION BY THE RESTAURANT MANAGEMENT**

What action has been taken to prevent a re-occurrence of the restaurant incident/accident?

[BRIEFLY STATE AND DESCRIBE THE ACTION TAKEN BY THE RESTAURANT MANAGEMENT TO PREVENT THE RE-OCCURRENCE OF THE RESTAURANT INCIDENT OR ACCIDENT]

**RESTAURANT INCIDENT OR ACCIDENT FORM COMPLETED BY:**

Name: [SPECIFY THE FULL AND COMPLETE NAME OF THE RESTAURANT PERSONNEL]

Title/Position/Designation: [SPECIFY THE TITLE/POSITION/DESIGNATION OF THE RESTAURANT

EMPLOYEE/PERSONNEL/STAFF MEMBER]

Age: [SPECIFY THE AGE OF THE RESTAURANT EMPLOYEE/PERSONNEL/ STAFF MEMBER]

Sex: (Tick if Applicable)  Male  Female

Address: [SPECIFY THE FULL AND COMPLETE STREET ADDRESS OF THE RESTAURANT PERSONNEL]

City: [SPECIFY AND SPELL OUT THE CITY ADDRESS OF THE RESTAURANT PERSONNEL]

State: [SPECIFY AND SPELL OUT THE STATE ADDRESS OF RESTAURANT PERSONNEL]

Zip: [SPECIFY AND SPELL OUT THE ZIP CODE/ADDRESS OF RESTAURANT PERSONNEL]

Contact Number: [SPECIFY THE CONTACT NUMBER OF THE RESTAURANT PERSONNEL]

Email Address: [SPECIFY THE EMAIL ADDRESS OF THE INJURED RESTAURANT PERSONNEL]

Social Security Number: [SPECIFY THE SOCIAL SECURITY NUMBER OF THE RESTAURANT EMPLOYEE/PERSONNEL/STAFF MEMBER]

Date of Birth: [SPECIFY THE DATE OF BIRTH OF THE RESTAURANT PERSONNEL OR STAFF MEMBER]

(The details and statements above are the true and correct account of this restaurant incident/accident)

Signature: [PLACE HERE THE SIGNATURE OF THE RESTAURANT PERSONNEL OR STAFF MEMBER]

Date: [SPECIFY THE DATE OF SIGNING]