

Risk Insights Slip and Fall Incident Report



Property / Premises Owner: _____

Incident Specifics

Date of incident: _____

Date reported: _____

Time of incident: _____

Time reported: _____

Location (inside / outside): _____

Reported by (Name): _____

Position: _____

Phone Number(s): _____

Incident and Injury Details

Injured person's physical description: _____

Phone number: _____

Description of Injury: _____

Incident Description: _____

Additional Details

Type of footwear worn: _____

Weather conditions at the time of incident: _____

Witnesses

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Was the incident captured on video surveillance?

Yes

No

Injured Person's departure from the scene:

Unassisted

Public Transit

Ambulance

Other: _____

Attachments

Attach any videos or photographs of the incident.

Name of photographer: _____

Date photographs taken: _____

Phone number(s): _____

Signature of Incident Reporter:

Risk Insights Snow Removal Log



Job Details:

Client: _____

Date: _____

Operator: _____

Forecast:

Day-time High: _____

Day-time Low: _____

- Clear
- Drifting Snow
- Light Snow
- Heavy Snow
- Freezing Rain

Removal Log

	TIME		CURRENT WEATHER								REMOVAL ACTIVITY						
	Start time	Finish time	TEMPERATURE			PRECIPITATION					DE-ICING QUANTITY			USED			
			Air	Pavement	Trend	Snow accumulation	Clear	Drifting Snow	Light Snow	Heavy Snow	Freezing Rain	Salt	Salt Alternative	Salt / Sand	Plow	Shovel	
SITE:																	
Comments:																	
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