

ANSWER ONLY IF PERTINENT TO ACCIDENT

**If Customer fell — Inspect exact place of accident immediately**

Inspected By:

Type surface or tread \_\_\_\_\_ What defects? \_\_\_\_\_

What finish or treatment has been used on this surface? \_\_\_\_\_ Date used \_\_\_\_\_

Type and condition of footwear worn by injured \_\_\_\_\_

Premises last swept by \_\_\_\_\_ at \_\_\_\_\_  
(Name) (Position)

Premises last inspected prior to accident by \_\_\_\_\_ at \_\_\_\_\_ A.M.  
 \_\_\_\_\_ P.M.  
 (Name) (Position)

Item \_\_\_\_\_ Stock No. \_\_\_\_\_ Dept. No. \_\_\_\_\_ S.P. \$ \_\_\_\_\_

Supplier \_\_\_\_\_ Address \_\_\_\_\_

Description of defect: \_\_\_\_\_  
(Give details in witness statements.)

If clothing rack involved \_\_\_\_\_  
(Describe and give model #.)

Article from accident was ( ) Forwarded to Legal Department ( ) Kept by injured  
(Secure and preserve at store if ( ) Preserved at Store ( ) \_\_\_\_\_  
possible).

Name \_\_\_\_\_ Address \_\_\_\_\_

Contractor's name \_\_\_\_\_ Address \_\_\_\_\_

Does Contractor carry insurance covering this accident? ☒ yes ☐ no

Insurance Company \_\_\_\_\_ Address \_\_\_\_\_

Report prepared by \_\_\_\_\_ (Name) \_\_\_\_\_ (Position)

Date Accident First Reported \_\_\_\_\_ Approved \_\_\_\_\_  
(Sign) (Manager)