

# PREMISES INCIDENT REPORT

INJURED'S NAME: \_\_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

BUILDING OR AREA: \_\_\_\_\_

EXACT LOCATION: \_\_\_\_\_

INJURED WAS COMING FROM? \_\_\_\_\_

INJURED WAS GOING TO? \_\_\_\_\_

TYPE OF FOOTWEAR WORN? \_\_\_\_\_ TYPE/CONDITION OF SOLES? \_\_\_\_\_

IF SKI BOOTS WERE WORN, WERE THEY BUCKLED?      ?      YES      ?      NO

WAS INJURED CARRYING ANYTHING IN THEIR HANDS?      ?      YES      ?      NO

IF SO, WHAT?: \_\_\_\_\_

DID INJURED USE THE HANDRAILS?      ?      YES      ?      NO

WERE THERE ANY SIGNS OF ALCOHOL OR DRUG USE?      ?      YES      ?      NO

EXPLAIN: \_\_\_\_\_

CONDITION OF AREA (WET, DRY, ICY, SANDED, SALTED, STANDING WATER, ETC.): \_\_\_\_\_

PHOTOS TAKEN?      ?      YES      ?      NO      ATTACHED?      ?      YES      ?      NO

MAINTENANCE IN PAST 24 HOURS (DESCRIBE): \_\_\_\_\_

MAINTENANCE LOG ENTRY ATTACHED:      ?      YES      ?      NO

**DIAGRAM OF AREA:**

**NOT TO SCALE**

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_