Slip and Fall Prevention: Accident Investigation

It is important to document the facts about slip and fall accidents as soon as possible. Documenting who, what, when, where, and why can be critical in determining the cause of the slip and fall, as well as actions that are needed to prevent it from occurring again. It also provides details about the accident that would be important in the event legal action is brought against the church.

The following components should be incorporated into slip and fall accident investigation procedures:

- Designate a person to investigate accidents. This person should know the procedures.
- Create an accident report form. It is critical to obtain all of the facts related to the accident. Document and detail as many facts as you can about the accident. An example of an Accident Report Form is included below.
- If the individual is injured, make sure he or she receives prompt medical attention.
- After the person has left the scene, photographs should be taken of the area where the slip and fall occurred. This will document if there was anything that may have contributed to the slip and fall, such as ice or debris.
- Do not admit any liability, and do not make any offer of payment.



There are times when no matter what kind of precautions are taken, a slip and fall accident still happens. That is why they're called accidents. If one does happen, it's always good to know what to do in the situation.

Sample Accident Report Form

Name of Person Involved: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:**

Date of Accident: _____ **Time of Accident:** _____ ☐ **a.m.** ☐ **p.m.**

How was the accident brought to your attention?

Description of the accident as reported to you:

Photographs of the accident area attached? ☐ No ☐ Yes

Were there any visible injuries? If yes, please describe:

How were the injuries treated?

Were any authorities notified? ☐ No ☐ Yes. **If yes, who, when, and by whom?**

Were there any witnesses? ☐ No ☐ Yes. **If yes, please complete:**

Name of Witness: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:**

For all accidents involving a slip and fall, please complete the following information:

Slip and Fall Accident Details			
Location:	☐ Balcony/Loft ☐ Entrance/Exit ☐ Hallway	☐ Kitchen Parking ☐ Lot ☐ Sidewalk/Walkway	☐ Stairway/Steps ☐ Ramp ☐ Restroom
	☐ Other (Describe):		
Condition of Walking Surface:	☐ Dry ☐ Mud ☐ Snow or Ice Covered ☐ Wet		
	☐ Other (Describe):		
Type of Shoes Worn:	☐ Athletic ☐ Hard Sole ☐ High Heels ☐ Rubber Sole		
	☐ Other (Describe):		

Name of Preparer (printed): _____ **Title:**

Signature: _____

Date Report Completed: _____ **Time Report Completed:** _____ ☐ a.m. ☐ p.m.

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