



WALKWAY ACCIDENT REPORT

For
Slips, Trips, & Falls

One of the best ways to prevent slips, trips and falls is to correct any existing conditions that may lead to a fall. This accident form will help us identify how your walkway accident occurred-and help to prevent a similar accident from taking place again.

Remember: The purpose of this form is not to assign blame, but rather to help everyone work more safely in the future. When completed, give this form to your supervisor and a copy for your personnel file.

If more space is required use back of form: Please Print.

1. Where did the accident occur? Please be specific:

2. Briefly describe the accident:

3. Were you injured? YES NO If yes, briefly describe your injuries:

4. What were you doing at the time of the accident? (Check all that apply.)
 Walking quickly/running Turning the corner
 Changing direction Talking to another person
 Carrying large items Walking along edge of walkway
 Ascending stairs Descending stairs
 Entering/exiting Vehicle Not using handrails
Other: _____

5. What type of walkway and walkway surface was involved (Wood ramp, tile floor, Paved, gravel, etc)? Indicate whether there was a transition, such as from carpet to tile:

6. Was the surface in good condition? YES NO
If NO, list any defects: _____

7. What type of shoes or other footwear were you wearing? _____
Type of Heel? _____ In good repair? YES NO
Type of Sole? _____ Laces tied? YES NO
Wearing the appropriate footwear for the type of surface? YES NO

8. Please list any other factors. (Check all that apply.)
 Poor Lighting Uneven Flooring Loose railing
 Broken Step Blocked View Damaged Floor
 Cords/cables on Floor Not wearing glasses/contacts
Weather Conditions: _____
 Floors: Wet Dry Cluttered
 Other: _____

9. Please list the names of any witnesses to the accident:

Your Name: _____ Signature: _____
Received By: _____ Date: _____

