

## Slip, Trip, and Fall Incident Supplemental Report

Job task or activity being performed when the incident occurred:	
Location of incident (be specific and take pictures if possible):	
Type of walking surface (circle one):	Outside (black top/concrete/gravel/grass) Inside (carpet/tile/stone/linoleum/concrete) Other:
Condition of walking surface (be specific):	
Contaminant(s) present on surface causing slip (circle item(s) present):	(snow/ice/liquid/grease/oil/food)
Object(s) on surface causing trip:	
Type of footwear worn:	
Condition of footwear worn (circle one):	(good/fair/poor)
Quality of lighting in area of incident (circle one):	(good/fair /poor)
Equipment being used (if ladder, specify any adverse conditions of ladder):	
Other behavioral factors (e.g., carrying items, rushing, etc.):	

**Planned corrective action:**

- Replace/repair waking surface.
- Improve housekeeping/conduct routine audits.
- Improve lighting.
- Order/change equipment to eliminate/minimize hazard.
- Order/change process to eliminate/minimize hazard.
- Order/change item to eliminate/minimize hazard.
- Order/change PPE to decrease risk of injury.
- Improve snow/ice control.
- Train/educate employee.

**Corrective action:** \_\_\_\_\_

**Person responsible for corrective action:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_