CLAIM # _____

# Guest Incident Worksheet

(Injury, Illness, or Damage to Guest's Property)

**This form is to be completed by the restaurant manager, *not* the guest. Complete this form at the time the incident occurs or is reported by the guest. Guest does not receive a copy - for corporate use only.**

Restaurant #: _____ Phone #: (_____) _____ Street Address: _____
City: _____ State _____ Zip _____
Date of Incident: _____ Time: _____ □ a.m. □ p.m. Date Reported by Guest: _____
□ By Phone □ In Person

Location of Incident: □ Parking Lot □ Front Entrance/Lobby □ Restroom □ Sidewalk □ Other _____

Name of Guest: _____ Sex: □ M □ F Date of Birth: _____
(Parent's name in case of a minor): _____ Driver's License #: _____
Address: _____ Social Security #: _____
_____

Phone #: (_____) _____ Does Guest Request Response? □ Yes □ No

**A. DETAILED DESCRIPTION OF GUEST'S INCIDENT :** _____

_____

_____

**B. APPARENT INJURIES OR DAMAGE TO GUEST'S PROPERTY (IF ANY):** _____

_____

**C. BROKEN/CHIPPED TEETH** (Sections C and D must be completed)

1. Object which caused damage: _____
2. Does guest have object? □ Yes □ No □ Guest could not provide an object

***** If you have the object, please attach it to this report in a properly sealed and labeled baggie and mail to the office*****

**D. ALL INCIDENTS INVOLVING FOOD - The following must be completed:**

1. Name of product(s): _____
2. Vendor name/number: _____
3. Code Date(s): _____
4. Number sold of that item on day of incident: _____

**E. SLIP/TRIP AND FALL INCIDENTS** - Each question must be answered:

1. Exact location of incident: □ Front Entrance/Lobby □ Parking Lot □ Restroom □ Sidewalk □ Other _____
2. Type of floor: □ Tile □ Cement □ Carpet □ Asphalt □ Other _____
3. Type of Shoe: □ Tennis □ Sandals □ Dress Pumps □ Oxfords □ Flats □ Loafers □ Other _____
4. Type of heel: □ Rubber □ Plastic □ Leather □ Other _____
5. Condition of Shoe Heel: □ Good/New □ Very Worn □ Slightly Worn Heel Height: _____ □ Nails Exposed
6. If guest claims to have slipped on a substance, what is substance? _____
7. Was this substance on guest's shoes? □ Yes □ No On guest's clothes? □ Yes □ No
8. When was area last inspected: _____ □ a.m. □ p.m. By Whom (first & last name): _____

**(If available, please attach Hourly Check Sheet for date of incident)**

9. What was condition of area at last inspection? □ Dry & Clean □ Wet/Damp □ Needed Mopping □ Other _____
10. Last cleaning of this area: _____ □ a.m. □ p.m. By Whom? (first & last name): _____
11. Who inspected area immediately after incident? (first & last name): _____

12. Condition of area immediately after incident? □ Dry & Clean □ Greasy □ Just Mopped - Wet □ Recently Mopped -Damp
□ Substance on Floor - What? _____
13. Were wet floor signs up at time of incident? □ Yes □ No
if yes, what was exact location of signs? _____
14. Were there skid marks where the guest slipped? □ Yes □ No
15. Was it or had it been raining? □ Yes □ No If Yes, when? _____ □ a.m. □ p.m.
16. Did guest rise unassisted? □ Yes □ No If No, who assisted? _____
17. Did guest require medical assistance? □ Yes □ No If Yes, describe what was done: _____

Any comments made by the guest? (NOT TO BE COMPLETED BY THE GUEST) _____

_____

_____

| Witnesses (Name, Address & Phone #) | Employee? |
|---|---|
| 1. _____ | □ Yes □ No |
| 2. _____ | □ Yes □ No |
| 3. _____ | □ Yes □ No |

**If witness gave a written statement, please staple to report.**

Employee who completed this report (PRINT first & last name) _____

Date: _____

Restaurant Manager's name (PRINT first & last name) _____

Date: _____