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. Guests do 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 the guest have an 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 the 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 the condition of the 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 the area immediately after the 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 the 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 the 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: _____