



CLARK ATLANTA UNIVERSITY

Department of Human Resources

Incident/Accident Report

(Please fill out and return to Human Resources within 24 hours)

Faculty **Staff** **Student Worker**

(Answer questions based on the facts)

Name of person who experienced the slip, trip or fall: _____

Address: _____

Phone number: _____

Reason in building? (Person visiting? If building tenant, name of employer)

Building address of incident: _____

Location of incident (Stairs / Hallway/ Classroom/ Bathroom etc.):

Incident date and time: _____

Did accident happen inside or outside the building? _____

The incident

What injuries were sustained? _____

How did the incident happen? _____

Did the person fall forward or backwards? _____

Fell on which body part? _____

Was medical personnel called to the scene? _____ Who? _____

Were there witnesses? _____

List witness(es) names and telephone numbers:

Individual's activity

What were you doing when the incident occurred? _____

Were you changing direction or turning a corner? _____

Were you in a hurry? _____

Were you carrying or pushing anything that blocked your view? _____

Were you talking with someone? _____

Was your attention distracted? If so, by what? _____

Were you using your cell phone at the time of the incident? _____



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Footwear

What type of footwear was being worn? (sandals, high heels, etc.) _____

Was footwear in good condition before the incident? _____

Was footwear in good condition after the incident? (broken straps, loose sole or heels, etc.)

What was the heel material? (rubber, leather, missing, etc.) _____

What was the sole material? _____

Do you think the footwear contributed to the incident? _____

Concerning incident scene

Type of walkway? (stairway, ramp, level floor, parking lot, etc.) _____

Type of walking surface? (marble, tile, wood, carpet, etc.) _____

Was there a transition in walking surface? (carpet to marble, wood to tile, etc.)

If incident on a slope or stairs, ascending or descending? _____

Was the surface in good condition? (even, unbroken, etc.) _____

Surface contaminated? (wet, oily, dirty, etc.) _____

Were there any other contributing conditions? (Broken railing or step, uneven floor, leaves, stones etc.)

Were there any signs posted warning of dangerous conditions or urging caution? _____

Was weather a factor in the incident? If so, describe how. _____

Was lighting a contributing factor? Describe lighting. (Artificial or natural, glare from floor,
too dim, etc.) _____

Additional information

Supply any other relevant information leading up to or immediately following this incident.

Person completing form: _____ Date: _____

Employee Supervisor: _____ Ext. _____