

Snow and Ice Removal Incident Report



Ask how and why until the fundamental cause is found.

Date of Incident _____ Time am pm Location _____

Status of person involved: Visitor Employee Other (please describe) _____

Name and address of person involved: _____

Treatment: None First Aid Medical

If Medical, where was the person treated: _____

Description of incident by person involved. Be specific: _____

Name and address of witness: _____

Description of incident by witness. Be specific: _____

Describe nature and extent of apparent injury: _____

Emergency treatment given (person providing treatment to complete): _____

Was physician called or consulted? Yes No Time _____ am pm

Name, city and state of physician _____

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ATTENTION EMPLOYEE: If medical attention is sought at another time, you must notify your supervisor and/or human resources that you have seen a physician.

Photos taken of slip/fall area? Yes No Time _____ am pm

Specify weather conditions at the time of the accident: _____

Conditions of walking/working surface (i.e., covered in snow/ice, recently plowed, etc.):

Adequate lighting to see snow/ice. If no, describe: _____

Action plan to prevent reoccurrence and the immediate corrective actions taken:

1. _____

2. _____

3. _____

Actions taken on recommendations (include date completed): _____

Date of report: _____ Time: _____ am pm

Creator of Report (Print Name) Signature Title

Medical Director