



CUSTOMER INCIDENT/ACCIDENT REPORT

This form must be completed by the manager whenever customer incident or accident occurs. The MOD is responsible for completing this form in the absence of the GM. The MOD must ensure a copy of the completed report is forwarded to the Human Resources Manager. accident@eatsteaks.com

Date of Report: Date of incident: Name of MOD at time of incident/accident:
 Exact time of incident: Name of employee who completed this report:
 Did you witness this incident/accident? Yes No If not, who informed you of the incident/accident?
 Outside Weather conditions at time of incident/accident (check all that apply): Clear Snowy Cloudy Windy Rainy Dark Light
 Other
 Exact location of incident/accident in the restaurant:
 Description of incident/accident:

Did you inspect location immediately after incident/accident? Yes No Exact time of inspection:
 Was location Clean? Yes No Was location Dry? Yes No
 Where any signs posted? Yes No Description of sign(s) (if any)
 When was the last time the area was cleaned? By whom?
 When was the last time the area was checked? By whom?
 Describe lighting conditions:

INJURED PERSON INFORMATION

Name of injured person: Home #: Work #:
 Home Address: Age or DOB:
 Was injured person wearing glasses? Yes No Type of footwear:
 Describe injury:

Describe medical care at scene (if any) & name of doctor, hospital or clinic:

Name of injured person's companion: Home Phone:
 Home Address:
 Witnesses (if any): Name: Phone#
 Address:
 Name: Phone#
 Address:

Name of Supervisor: Signature:
 Name of Person Involved: Signature:
 General Manager: Signature:
 HR Representative: Signature: