INCIDENT REPORT

UNIT NUMER _____

TYPE OF INCIDENT		NAME OF HOTEL INCLUDING BRAND	DATE REPORTED:_____ DATE/TIME OF INCIDENT:_____

GUEST NON-GUEST EMPLOYEE (CIRCLE ONE)	NAME (FIRST, MIDDLE, LAST)	ADDRESS:	
	SEX: DATE OF BIRTH:	PHONE (H) PHONE (W)	ROOM NUMBER
	CHECK IN DATE: CHECK OUT DATE:	PURPOSE IN HOTEL:	
	ATTITUDE (CHECK ONE): ☐ CALM ☐ ABUSIVE ☐ DEFENSIVE ☐ WILL FILE CLAIM ☐ OTHER		

REPORTED BY	NAME (FIRST, MIDDLE, LAST) _____ ADDRESS: _____ PHONE (H) _____ PHONE (W) _____

WITNESSES	NAME	ADDRESS:	PHONE:
	1 GUEST OR EMPLOYEE (CIRCLE ONE)		
	2 GUEST OR EMPLOYEE (CIRCLE ONE)		

REPORT OF INJURY/ILLNESS
FOODBORNE ILLNESS
CRISIS INTERVENTION HOTLINE
800-309-4469

DEGREE OF INJURY (CHECK ONE): ☐ NO VISIBLE INJURY ☐ BRUISES ☐ ABRASIONS ☐ SWELLING ☐ BLEEDING

APPARENT CAUSE:_____ADMITTED TO HOSPITAL ☐ YES ☐ NO

NAME/ADDRESS OF DOCTOR, CLINIC, HOSPITAL _____

VICTIM'S CONDITION (CHECK ONE): ☐ GOOD ☐ FAIR ☐ SERIOUS ☐ CRITICAL

REPORTED CAUSE OF INJURY (use narrative if needed)_____

FALL DOWN CASES

Includes falls in tubs, down steps, on floors and in parking lots

WAS AREA INSPECTED IMMEDIATELY? ☐ YES ☐ NO BY WHOM_____

SURFACE CLEAN? DRY? OBSTRUCTIONS? HOLES? TRIP/SLIP HAZARDS?_____

TIME FLOOR LAST SWEPT, MOPPED CLEANED: _____ BY WHOM_____

WHAT TYPE OF SHOES DID GUEST HAVE ON? _____

DOES GUEST HAVE GLASSES? ☐ YES ☐ NO

HAD THE GUEST BEEN DRINKING OR TAKING MEDICATION?

FOOD CASES

TYPE OF FOREIGN OBJECT: _____ DID YOU SEE IT: ☐ YES ☐ NO

WHO HAS IT:_____ FOOD SUPPLIER:_____ DELIVERY DATE ___/___/___

TOTAL SERVED: _____ SAMPLE AVAILABLE: ☐ YES ☐ NO WHERE?_____

FOOD ILLNESS

DATE/TIME ILLNESS STARTED:_____/_____/_____ _____:_____AM/PM

SYMPTOMS_____

DURATION OF FOOD ILLNESS:_____ DATE/TIME FOOD EATEN: ___/___/___ ____:____AM/PM

WAS TESTING DONE? ☐ YES ☐ NO RESULTS:_____

PHYSICIAN'S DIAGNOSIS:_____

VEHICLE	USED BY SUSPECT OR VICTIM (CIRCLE ONE) LICENSE #:_____ VEHICLE MAKE: _____ MODEL:_____ YEAR:_____ COLOR:_____ IDENTIFYING CHARACTERISTIC OF VEHICLE:_____ DIRECTION OF TRAVEL:_____
PROPERTY	TYPE OF PROPERTY:_____ VALUE:_____ PROPERTY IN CUSTODY: ☐ YES ☐ NO LOCATION PROPERTY WAS FOUND:_____ DOES GUEST HAVE INSURANCE? CAR HOMEOWNERS COMPANY & POLICY NO._____

POLICE	DATE POLICE CONTACTED:____/____/____ POLICE REPORT #:_____ OFFICER TAKING REPORT:_____
SUSPECT	NAME (FIRST, MIDDLE, LAST)_____ PHONE:_____ ADDRESS:_____ DATE OF BIRTH:_____ AGE:_____ HEIGHT:_____ WEIGHT:_____ EYES:_____ HAIR:_____ COMPLEXION:_____ SEX:_____ RACE:_____ CLOTHING:_____ MARKS, SCARS, ETC._____
INVESTIGATION	GUEST ROOM LOCKED? ☐ YES ☐ NO LOCK WORKING PROPERLY? ☐ YES ☐ NO ROOM LAST REKEYED ON _____ ROOMMATES 1)_____ VISITORS IN ROOM? ☐ YES ☐ NO 2)_____ VALET UTILIZED? ☐ YES ☐ NO LOST & FOUND CHECKED? ☐ YES ☐ NO HOUSEKEEPERS: 1)_____ 2)_____ HOUSEMAN: _____ INSPECTORS: _____ ENGINEER: _____ OTHERS:_____
EMPLOYEE INJURY (ALSO SEE REPORT OF INJURY SECTION)	COUNTY: _____ OCCUPATION: _____ DATE OF BIRTH:_____ HIRE DATE: _____ JOB ASSIGNED WHEN INJURED: _____ LENGTH OF EXPERIENCE AT THIS ASSIGNMENT: _____ AVERAGE WEEKLY WAGE AT TIME OF INJURY: _____ HOURLY WAGE: _____ SCHEDULED WORK WEEK: _____ HRS/DAY AND _____ HRS/WEEK DATE EMPLOYER NOTIFIED: _____ INJURY DATE: _____ INJURY TIME: _____ LAST DAY WORKED: _____ DATE RETURNED TO WORK: _____ ESTIMATED DATE OF RETURN: _____ TYPE OF INJURY: _____ MEDICAL ATTENTION RECEIVED, EXTENT:_____
FIRE	TIME FIRE WAS DISCOVERED: _____ TIME FIRE DEPT. NOTIFIED: _____ NAME OF PERSON WHO DISCOVERED FIRE: _____ NAME OF PERSON CALLING FIRE DEPT.: _____ NAME/PHONE NO. OF FIRE OFFICIAL IN CHARGE: _____ PROBABLE CAUSE: _____ DESCRIBE FIRE/SMOKE DAMAGE IN NARRATIVE
NARRATIVE	_____ _____ _____ _____ _____ _____ _____

CLAIMS REPORTING SERVICE NOTIFIED: ☐ YES ☐ NO REPORT WRITTEN BY: (PRINT NAME AND SIGN)

DATE/TIME ____/____/____ ____:____ AM/PM _____

PRINT NAME

_____

SIGNATURE