

# Restaurant Incident Report Form

Safety &amp; Compliance

DATE OF INCIDENT ____ / ____ / ____	TIME	REPORTED BY	RESTAURANT
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## INJURED PERSON

Name \_\_\_\_\_

Role (staff / guest / delivery) \_\_\_\_\_

Contact details \_\_\_\_\_

## INCIDENT DETAILS

Location in restaurant \_\_\_\_\_

Type  Cut / laceration  Burn / scald  Slip / fall  Strain / sprain  Equipment injury  Food safety  Guest injury  OtherDescription of what happened  
\_\_\_\_\_  
\_\_\_\_\_

Contributing factors (wet floor, faulty equipment, etc.) \_\_\_\_\_

## INJURY & FIRST AID

Nature of injury \_\_\_\_\_

Body part affected \_\_\_\_\_

First aid given \_\_\_\_\_

Medical attention sought  No  On-site first aid only  Sent to hospital  Ambulance called

## WITNESSES

Witness 1 name and contact \_\_\_\_\_

Witness 2 name and contact \_\_\_\_\_

CCTV footage noted \_\_\_\_\_

## CORRECTIVE ACTION

Immediate action taken  
\_\_\_\_\_  
\_\_\_\_\_Action to prevent recurrence  
\_\_\_\_\_  
\_\_\_\_\_

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Reported by (signature) \_\_\_\_\_

Manager (signature) \_\_\_\_\_

**Notes**

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