

Slip and Fall Questionnaire

By Rachael

- Did you have sunglasses on or anything to obstruct your view at the time
- Do you wear prescription glasses or contacts and were you wearing them at the time
- Was the light on in the area where you were at
- What type of floor was it
- How wet was the floor
- What time was it when this incident occurred
- Was there a checklist for cleaning
- Were there any wet floor signs or caution signs
- When was the last time the area was checked prior to the fall
- Did you actually fall on the floor
- Did you brace yourself and How
- What was on the floor
- How did the incident happen
- What kind of shoes were you wearing
- How old or new were your shoes
- Do you still have those shoes
- Do you know if this spill was reported prior to you falling
- Were your clothes wet or damaged after the incident
- Was anyone else walking in the area prior to you falling
- Did manager and/or employee look at substance after you fell
- Was there an incident report done
- Who took the report
- Were there any witnesses to the incident
- What did you do immediately following the incident
- Did anyone help you after the incident and who
- Did the manager and/or employee acknowledge the spill and incident
- If it was a stranger, did you get their contact information
- Any prior accidents? Any Injuries
- Any prior S&F ? Any Injuries
- Any prior injuries such as birth defects or child hood injuries

Did you or anyone else take any pictures