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

+966-55-299-1889

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