CHRONIC TACOS

Manager's Report of Guest Injury or Incident

Injured is: ☐ Guest ☐ Other ☐ Non-Injury Incident ☐ Theft ☐ Property Damage
└ ***Tape on File:*** ☐ Yes ☐ No

Date: _____

Time Incident Occurred: _____ **AM / PM**

Time Management Notified: _____ **AM / PM**

Time Emergency/Police Arrived: _____ **AM / PM**

Injured's Name: _____ **Gender:** ☐ Male ☐ Female

Address: _____ **Phone:** _____

SSN: _____ **Date of Birth:** _____

Employer: _____ **Work Phone:** _____

LOCATION OF INJURY OF INCIDENT: Circle those that apply.

FRONT AREA	OTHER	EXTERIOR
Dining Room		Entrance
Restroom		Walkway
Back Kitchen		Sidewalk
Front Kitchen		Out Tables
Entrance		Parking Lot

Action Taken:

Chronic Tacos First Aid: ☐ Offered ☐ Accepted ☐ Declined
Emergency Care: ☐ Offered ☐ Accepted ☐ Declined
Transported by Cab: ☐ Yes ☐ No

Paramedics Called: ☐ Yes ☐ No **Transported by Ambulence:** ☐ Yes ☐ No

Police Called: ☐ Yes ☐ No **Was a police report taken?** ☐ Yes ☐ No

If So, Name of Officer Who Took Report (Ask officer for business card and attach to this report.)

_____

Was anyone Arrested? ☐ Yes ☐ No

Arrested #1 Name: _____ **Charge:** _____

Arrested #2 Name: _____ **Charge:** _____

IMPORTANT! Be sure to note the time of incident, time security responded and time emergency/police responded in first section above!

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Questions to ask injured:

How did the incident occur? _____

_____

_____

** Additional space available on back, if needed.*

When did you arrive at Chronic Tacos? _____ **AM / PM**

Did you eat before coming to Chronic Tacos? ☐ Yes ☐ No

What did you eat? _____ **What time did you eat?** _____

** If injured complains of bad reaction to food, ask a manager to run a POS Menu Item Sales Report, and attach it to this report. Note whether there were any other similar food complaints in comments section on back.*

Did you consume any alcohol before coming to Chronic Tacos? ☐ Yes ☐ No

- **If yes, what kind?** _____ **How much?** _____

Did you consume any alcohol at coming to Chronic Tacos? ☐ Yes ☐ No

- **If yes, what kind?** _____ **How much?** _____

Did you pay with: ☐ Cash ☐ Credit Card **Name on credit card used:** _____

If possible, ask injured to point out or describe employee : _____

If possible, ask injured to point out or name witnesses: _____

** List below in Witness Section*

What time did you arrive? _____

Do you have a medical condition or physical impairment that may be related to this incident?

_____

Do you have health insurance? ☐ Yes ☐ No **Insurance Company** _____

Attorney Client Work Product (Privileged and Confidential). Do not copy or distribute this report to anyone other than the designated Manager.

MANAGER'S OBSERVATIONS:

What body part was injured?

☐ Head	☐ Face	☐ Forehead	☐ Eye	☐ Cheek	
☐ Lip	☐ Teeth	☐ Neck	☐ Shoulder	☐ Arm	☐ Hand
☐ Finger(s)	☐ Torso	☐ Hip	☐ Thigh	☐ Knww	☐ Shin
☐ Ankle/Foot	☐ Toe(s)	☐ Other _____			

Did you observe

☐ Blood	☐ Bruising	☐ Abrasions	☐ Cut(s)	☐ Burn(s)	☐ Fainting
☐ Dizziness	☐ Seizure	☐ Vomiting	☐ Intoxication	☐ Possible Drug Related Behavior	

Did injured's shoes or clothing contribute to the accident?

☐ Yes ☐ No

Clothing:	☐ Tight	☐ Baggy	☐ Long	☐ Sunglasses
Shoes:	☐ High Heels	☐ Flat	☐ Platforms	☐ Leather Soles	☐ Rubber Soles

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Look at injured's shoes. Did you notice anything on shoes that contributed to incident?

What was the condition of the floor/steps?

☐ Wet ☐ Dry ☐ Sticky ☐ Greasy ☐ Clean

☐ Clear of Debris ☐ Obstacles Present ☐ Food on Floor ☐ Glasses/Bottles Present

☐ Broken Glass

Occupancy

☐ Full Capacity ☐ Three-Quarters Capacity ☐ Sparse

Lighting Conditions

☐ Normal Day Lighting ☐ Normal Night Lighting ☐ Normal Exterior Lighting

☐ Lights Burned Out or Missing

Note any other observations:

_____

_____

_____

_____

** Additional space available on back, if needed.*

***If victim complains of cuts from bottle or drinking glasses, locate the glass or bottle and retain it in the back office area.**
***If victim complains of finding glass in food or beverage, locate the glass fragments and retain it in the back office area.**

***Clean up the area immediately. Cover the contaminated area. Do not serve another guest from the allegedly contaminated source!**

WITNESSES

Witness #1

Name _____ **Phone** _____ **Relationship to injuered** _____

Specifically describe how the incident occurred?

_____

_____

_____

_____

Witness #2

Name _____ **Phone** _____ **Relationship to injuered** _____

Specifically describe how the incident occurred?

_____

_____

_____

_____

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CHRONIC TACOS WITNESSES

List the names of all Chronic Tacos personnel who responded.

Chronic Tacos Witness #1:

Chronic Tacos Witness #2:

ADDITIONAL OBSERVATIONS:

Use the space below to note any discrepancies between witness statements and what you observed or to continue any information from above.

***Once form is completed, please send to HR @ the corporate office.**