

# Verlingue Supervisor/Manager Questionnaire

## Section 2 – Slipping/Tripping Accidents

Name of injured party:	
What was the cause of the accident?	
Was the floor surface in good condition?  If No, what was wrong with it and for how long?	
Was anything on the floor creating a hazard.  If Yes, please specify:	
In the case of a spillage:	
A. What had been spilled?	
B. When?	
C. How and/or by whom?	
D. Was the spillage reported?  If Yes, please identify the person who reported it	
E. Who attended to the spillage and when?	
In the case of an object/obstruction:	
A. Describe the object/obstruction	
B. How long had it been there?	
C. Who had placed or dropped it?	
D. Were warning notices, cones, barriers in place?	
When had the area last been cleaned/inspected?	
Please identify employee who cleaned/inspected the area prior to the accident.	
Was the object/ obstruction/ spillage clearly visible?	
What footwear was worn by the injured party?	
What procedures are in place to remove objects/ obstructions/ spillages?	
Any other relevant information:	

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### Declaration

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief.

I/we agree to provide insurers with any further information as they may reasonably request.

I/we understand that Verlingue Limited do not admit liability by the issue of this claim.

Name:	
Position:	
Signature:	
Date:	