

Verlingue Supervisor/Manager Questionnaire

Section 2 – Slipping/Tripping Accidents

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|---|--|
| 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: