

Incident Details:										
<b>Contact Information:</b>					<b>Location of Incident:</b>					
Name					Building/Room:					
Dept./Title					Department:					
					Date & Time of Incident:					
Check:	Patient		Employee		Visitor		Volunteer		Other	

On Site Staff Involved:									
<b>Name:</b>					<b>Title:</b>				

Nature of Incident:									
Malfunction of Equipment		Policy Violation		Safety					
Lack of Equipment		Poor Patient Preparation		Adverse Reaction					
User Error of Equipment		Breach of Confidentiality		Procedure Error					
Medication Error		Clerical/Data Entry Error		Other:					
Infection Control Issue		Exposure		Explain					
Explain Cont:									

Patient Outcome:									
Death		Patient Distress		Near Miss by Chance					
Critical Condition		Delay in Treatment		Near Miss by Intervention					
Injury		Stay in Hospital		No Adverse Effect					
Deterioration of Condition		Disruption to Services		Other:					
Pain/Prolonged Pain		Unable to Assess Outcome		Explain					
Explain Cont:									

Summary of What Happened:									

Action Taken as a Result of Incident:

**Preparer's Acknowledgment:**

Preparer's Name	Title/Position
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Acknowledgement - I acknowledge that the facts and circumstances reported above are true and accurate to the best of my knowledge.

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Preparer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Supervisor Signature/Title \_\_\_\_\_ Date: \_\_\_\_\_

Updated 02/2024