Incident Report

An incident is any happening that is not consistent with the routine operation of the facility or the routine care of a particular resident. It may be an accident or a situation that could result in an accident.

Person involved_________________________________________________________________________
Date of incident__________Time of incident_____________ Location ____________________________
Residents condition before incident__________________________________________ _____________
______________________________________________________________________________________

Describe exactly what happened; Who was present; If injury, state part of the body injured:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Was physician notified? _____ Name____________________________________Time _______________
Was family notified? ______ Name____________________________________Time _______________
Was person seen by physician _____ Where________________Date _________Time _______________
First aid administered _____Where _____________What type_________________________________
______________________________________________________________________________________
Was person involved taken to a hospital? _______ Where ____________________________________ __

Indicate on Diagram Location of Injury

Type of Injury

1. Laceration (gash)
2. Cut
3. Hematoma (bruise)
4. Abrasion (scrape)
5. Burn
6. Swelling
7. None Apparent
8. Other, Specify below

Level of Consciousness

______________________________________________________________________________________
Temp___________Pulse____________Resp.______________B/P________________

Date of report _____Signature & title of person preparing report______________________________
Corrective action _______________________________________________________________________

Administrator signature______________________________________________   Date_________________