Texas A&M University Health Services

Occurrence Report

This form contains information that is proprietary, privileged, confidential or otherwise legally exempt from disclosure. The preparer and subsequent authors must take the appropriate precautions to keep information and activities related to this occurrence confidential.

Nature of Occurrence

- ☐ Sentinel Event
- ☐ Fall
- ☐ Injury
- ☐ Security Issue
- ☐ Medication Issue
- ☐ Documentation Issue
- ☐ Equipment/Facility Issue
- ☐ Procedure/Protocol Issue
- ☐ AMA (Against Medical Advice)
- ☐ Exposure to Blood/Body Fluids
- ☐ Other (specify)

Incident Occurred
Date:_____ Time:_____

Incident Discovered
Date:_____ Time:_____

Incident Location

Affected Party

- ☐ Patient
- ☐ Visitor
- ☐ Staff

Name:_____ Male☐ Female☐

Address:_____ City:_____ State:_____ ZIP Code:_____

Phone:_____ Email: _____ DOB:_____ UIN:_____

Witness
Name:_____ Male☐ Female☐

Address:_____ City:_____ State:_____ ZIP Code:_____

Phone:_____ Email: _____

Description
Please give a concise, objective description of the occurrence. State significant facts in the order they occurred. Use the back of this form if more space is needed.

Signature of person preparing report:_____ Printed Name:_____ Date:_____

Follow-Up (initial and date):

Supervisor:_____ Director:_____ Administrator:_____ Risk/Safety Chair:_____

Action: Describe action(s) taken to minimize re-occurrence. Use the back of this form if more space is needed.

Signature of person investigating report:_____ Printed Name:_____ Date:_____