



Occurrence Report

To document an employee injury, use the First Report of Injury Form.

Confidentiality: 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 the information and activities related to this occurrence confidential.

<input type="checkbox"/> Sentinel Event		<input type="checkbox"/> Fall		<input type="checkbox"/> Injury		<input type="checkbox"/> Security Issue	
<input type="checkbox"/> Medication Issue		<input type="checkbox"/> Documentation Issue		<input type="checkbox"/> Equipment/Facility Issue			
<input type="checkbox"/> Procedure/Protocol Issue		<input type="checkbox"/> AMA (Against Medical Advice)		<input type="checkbox"/> Exposure to Blood/Body Fluids			
<input type="checkbox"/> Other (specify): _____							
Incident Occurred			Incident Discovered			Incident Location	
Date: _____		Time: _____		Date: _____		Time: _____	
Affected Party: Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female							
<input type="checkbox"/> Patient	Address: _____		City: _____		State: _____		Zip: _____
<input type="checkbox"/> Visitor	Phone: _____		Email: _____				
<input type="checkbox"/> Staff	DOB: _____		UIN: _____				
Witness: Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female							
Address: _____		City: _____		State: _____		Zip: _____	
Phone: _____		Email: _____					
Description: Please give a concise, objective description of the occurrence. State significant facts in the order in which 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	