

Incident Report

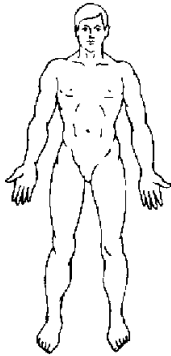
An incident is any happening that is not consistent with the routine operation of the facility or the routine care of a particular resident. It may be an accident or a situation that could result in an accident.

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:

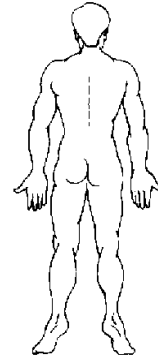
Was physician notified? _____ Name _____ Time _____
Was family notified? _____ Name _____ Time _____
Was person seen by physician _____ Where _____ Date _____ Time _____
First aid administered _____ Where _____ What type _____
_____ By whom _____
Was person involved taken to a hospital? _____ Where _____

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 _____