Accident / Incident Report

An Accident / Incident Report must be completed for any event that causes injury to a resident, and the facility administrator must review the report. A copy of this report must be kept in the resident file.

Resident's Name: _____ _____
(First) (Last)

Others involved: ☐ Staff_____ ☐ Other_____

Date of Birth _____ Sex: ☐ Male ■ Female

Home Phone: _____-_____-_____ Work Phone: _____-_____-_____

Time of Accident: _____:_____ AM / PM Date: _____

Exact Location: _____
_____

Describe exactly what happened, and list witnesses: _____
_____
_____
_____
_____
_____

Describe any injury, and parts of the body affected: _____
_____
_____
_____
_____

ACTION TAKEN:
Doctor Notified? _____Doctor Name: _____Time: _____
Family Notified? _____Name: _____Time: _____
Seen by Doctor? _____Where: _____Date: _____Time: _____
First Aid administered? _____Where? _____What Type? _____
_____By Whom? _____
Hospitalized? _____Where? _____

Signature and title of person preparing report: _____
_____**Date of Report:** _____

ADMINISTRATIVE ACTION:
Was this preventable? _____
Corrective Action Taken: _____
_____
_____

Administrator Signature: _____**Date Reviewed:** _____