

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:** _____