

Incident/Accident Investigation Report

Date Report Initiated: _____ Region: _____ County: _____	<input type="checkbox"/> Incident <input type="checkbox"/> Accident <input type="checkbox"/> Hazardous/Infectious Substance (e.g., Needle Sticks)	<input type="checkbox"/> Employee, Title _____ <input type="checkbox"/> Patient <input type="checkbox"/> Visitor		
Date and Time of Occurrence:	Exact Location of Occurrence:			
Name of Involved Individual:	Address:	Phone #:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Name of Parent or Guardian (if Child):	Address:	Phone #:		
Detailed description of occurrence - include influencing factors, e.g., people, equipment, objects, physical and social environment, extent of damage, names of persons involved (use additional paper if needed): _____ _____ _____ _____ _____ _____ _____				
Name of Other People Present:	Address:	Phone #		
1.				
2.				
3.				
Was the involved person informed of the occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No or N/A, explain _____				
Was involved person referred for evaluation, treatment, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information				
Referred to:	Date/Time:	Address:	Phone #	
If exposed to blood or other potential infectious material, was the source tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current Status - Include Hepatitis B vaccine status and date series completed: _____				
What action was necessary? (include return date if any): _____ _____				

Signature of Person Completing Form, Title, Date

Signature of Supervisor, Title, Date

The following section is to be completed by First Line Supervisor:

Report of Investigation:

Follow-up Plan:

Plan of Correction (if applicable):

Supervisor's Signature, Title, and Date

Signature of RO Reviewer, Title, and Date

The following section is to be completed at the time of each follow-up:

Record of follow-up - include signature, title and date of each entry

1. _____

2. _____

3. _____

