CENTRAL CARE
INCIDENT/ACCIDENT REPORT

An incident is any happening which is not consistent with the routine operation of the facility or the routine care of a particular customer. It may be an accident or a situation, which might result in an accident.

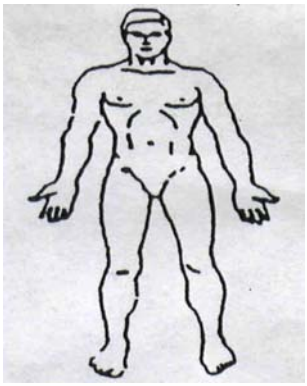
Person Involved (Last Name) (First Name) (Middle Initial)

Male ☐ **Female** ☐ **Age** _____ **Customer Number:** _____

Date of Incident / /	**Time of Incident** ☐ A.M. ☐ P.M.	**Exact Location of Incident** ☐ Customer's Room ☐ Hallway ☐ Bathroom ☐ Other _____	
☐ **CUSTOMER**	**Customer's Condition Before Incident** Normal ☐ Senile ☐ Disoriented ☐ Sedated ☐ Other ☐ _____	**Diagnosis**	**Room No.**
☐ **EMPLOYEE**	**Department**	**Job Title**	
☐ **VISITOR**	**Home Address**		**Home Phone**
☐ **OTHER**	**Occupation**	**Reason for Presence at this Facility**	

Describe exactly what happened, why it happened, and action taken. If an injury, state part of body injured and care/first aid provided. If property or equipment damaged, describe damage.

Was family/guardian/responsible person notified? Yes ☐ **No** ☐	**Date** / /	**Time** ☐ A.M. ☐ P.M.	**Family's Name**	**By whom?**
Was Physician notified? Yes ☐ **No** ☐	**Date** / /	**Time** ☐ A.M. ☐ P.M.	**Physician's Name**	**By whom?**
Was person involved seen by a physician? Yes ☐ **No** ☐	**Date** / /	**Time** ☐ A.M. ☐ P.M.	**Where?**	**Physician's Name**
Was person involved hospitalized? Yes ☐ **No** ☐	**Date** / /	**Time** ☐ A.M. ☐ P.M.	**Where?**	**By whom?**



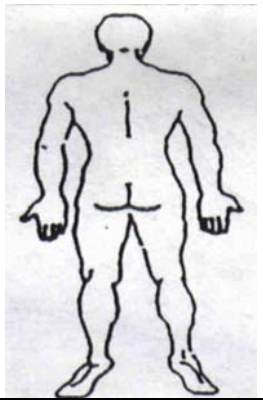
Indicate on Diagram Location of Injury

TYPE OF INJURY

1. **Laceration** ☐
2. **Hematoma** ☐
3. **Abrasion** ☐
4. **Burn** ☐
5. **Bruise** ☐
6. **Swelling** ☐
7. **Skin Tear** ☐
8. **None-Apparent** ☐
9. **Other (specify)** ☐

ACCIDENT

1. **Fatal** ☐
2. **Non Fatal** ☐



Name, Address and Phone Number of All Witness(es)

Steps Taken to Prevent Recurrence

Follow Up

Date of Report / /	**Signature & Title of Person Preparing Report**	**Was Manger Notified? Yes** ☐ **No** ☐ **Documentation in Record? Yes** ☐ **No** ☐