

INCIDENT REPORT FORM
Senior Home Support & Home Health Support

A. About you (person reporting incident)

Name: _____ Job Title: _____

B. About the person affected by the incident

Status: Employee Senior Student Other: _____

Name of person affected: _____

C. About the incident:

Date of Incident: _____ Time of incident: _____ Date of report: _____

Location of incident (where did it happen): _____

Describe what happened: _____

D. Staff Involved/Witnesses: Were there any? No Yes If yes, please list

Name: _____ Location at time of incident: _____

Name: _____ Location at time of incident: _____

Name: _____ Location at time of incident: _____

Are there any witness statements attached: No Yes

Internal/External persons contacted: _____

E. About the injury and any treatments given:

What was the injury? _____

What part of the body was injured: _____

Who administered the treatment?: Client Doctor Personal Doctor Emergency Room

Self Administered Occupational Health Other: _____

Description of treatment: _____

Signature/Date: _____

See back

TO BE COMPLETED BY SUPERVISOR

F. Supervisor Response: _____

G. Employee time lost:
Injured party completed shift: Yes No
Absence commenced (date): _____ Absence ended (date): _____
Length of absence (days): _____
Supervisor Signature/Date: _____

CRITICAL INCIDENT REVIEW TEAM

Actual outcome of the incident: Insignificant Minor Moderate
 Major Catastrophic
Likelihood of recurrence: Rare Unlikely
 Possible Likely Almost certain
Recommended actions: None needed
 Notification: (indicate any persons who should be notified both internally and externally):

 Investigation: (Indicate who will investigate what. Indicate who will receive the report)

 Training: (Indicate additional training required)

 Other: (indicate other actions recommended)

Review Team Signatures/date _____

