

# Obstetrics & Gynecology Associates

## ACCIDENT/INCIDENT REPORT

Dept./Program \_\_\_\_\_ Incident code; (See other side) \_\_\_\_\_

Name of Individual filing report: \_\_\_\_\_ Date of report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_  am  pm

7. Location of Incident: \_\_\_\_\_

8. List full names of Individuals directly involved:

Clients

Staff

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List full names and phone numbers of witnesses: (If applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Summary of incident (be specific). If agency's vehicle was involved, include name and license number of driver, license plate number, year & make of vehicle. Use back of form if needed-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Follow-up action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Further follow-up required:  Yes  No Date Due: \_\_\_\_\_

13. Recommendation for further prevention:

\_\_\_\_\_  
\_\_\_\_\_

14. Reporter's signature: \_\_\_\_\_ Date: \_\_\_\_\_

15. Dept./Program Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

16. SAFETY COMMITTEE

Are follow-up actions completed?  Yes  No

If yes, staple follow-up report to this form.

If no, please explain and give date for completion. \_\_\_\_\_

Original to: Program Safety Officer Photocopy to: Dept. /Program Director Other. \_\_\_\_\_

(Incident summary cont.)

Multiple horizontal lines for writing the incident summary.

CODE I.D # & DESCRIPTION

ACCIDENT/INCIDENT

**REPORT WITHIN 24 HRS**

- 1. Vehicle accident/people injured
- 2. Vehicle accident/ no injury
- 3. Security violation/property damage/theft
- 4. Security violation/property damage
- 5. Client intentionally damaged property
- 6. Client intentionally injured staff
- 7. Client intentionally injured other clients) / self
- 8. Client accidentally injured staff
- 9. Death of staff/ client (on premises only)
- 10. Staff vs. Client physical abuse

**REPORT WITHIN 3 BUSINESS DAYS**

- 11. Client is missing for 24 hrs. or more
- 12. Client arrested
- 13. Client/Staff/Outsider disrupting milieu

- 14. Sexual relations/client/staff
- 15. Fire/other emergencies on premises
- 16. Harassment

**REPORT DISCRETIONARY**

- 17. Client attacked by outsider
- 18. Client accidentally injured others/self (depending on severity)
- 19. Staff accidentally injured self/other (depending on severity)
- 20. Client vs. Staff verbal abuse/misconduct
- 21. Client accidentally damaged property
- 22. Staff vs. Staff altercation/verbal abuse
- 23. Client vs. Client altercation/ verbal abuse
- 24. Evidence of drug or alcohol abuse
- 25. Evidence of medication problem