## **INCIDENT REPORT - EMPLOYEE/VISITOR**

PERSON INVOLVED	(Las	st name)		(First name)		(Middle initial)	O Male O F	emale Age	)		
Date of inciden	t	Time of incident		Exact location of incident:							
			O AM O PM	O Agency office O Patie	nt/Client residen	ce O Other, specify:					
O EMPLOYEE	Depart	ment	9			Job title					
20.22											
O VISITOR	Home	address						Home ph	none		
O OTHER								Tromo pi	10110		
OTTIER	Occupation					Reason at location Was person authorized to be					
	Оссирации					at location of incident?				ent?	
									O Yes O		
INCIDENT TYP	E:				☐ NO INJURY	TYPE OF INJURY:	☐ Laceration	☐ Hematoma	a Abrasio	n 🖵 Buri	
	☐ Fall					☐ Swelling ☐ Pain ☐ None apparent ☐ Other, specify:					
☐ MVA					Location of injury:						
Sprain/Strain					1.1						
Exposure to		oody fluid			Indicate on diagram location of injury. VITAL SIGNS						
☐ Needle stick		40			1	Temp	Temp				
Exposure to					HR HR						
	otner re	espiratory hazard:			/-						
☐ Animal bite ☐ Assault								Resp			
							$\wedge \mid \wedge \mid \wedge \mid \wedge$	BP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
☐ EQUIPMEN	T/MED	ICAL DEVICE:		$\triangle$		1/1	17 19	Lying	O Sitting	) Standing	
Type:					411	八 リアンソ	11111	\ \	/]		
Vendor:				- 100	- 'UW	The sun	( ) I lim	LEVEL			
☐ OTHER:					1		1/1/1	CONSC	HOUSNESS		
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Describe exactly	y what I	nappened, why it hap	opened; w	hat the causes were. Descri	be details of inju	ıry. If property or equipr	nent damaged, o	lescribe dama	ige.		
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vvas person inve	DIVED SE	een by a physician?	O NO (	O Yes If Yes, physician's na	me Where			Date	Time	O AN	
		10 0 0	1637		, ,,,,,			D .		O PM	
Was first aid ad	minister	red? O No O Yes	If Yes, ty	pe of care provided and by v	vhom   Where			Date	Time	O AM	
										O PM	
Was person inve	olved ta	ken to ER? O No	O Yes	Transported by whom	Facility			Date	Time	O AN	
If Yes, hospitaliz	red?	O No	O Yes							O PM	
Legal counsel no	otified?	O No O Yes									
Witness(es) - Na	me, title	e (if applicable), addre	ess & pho	ne number							
			•								
Additional comp	nents s	nd/or steps taken to	nrevent *	ocurrence.							
Additional Comm	nents a	nu/or steps taken to	bieveiii (	countille.							
		SIGNATURE/	TITLE/C	DATE		SIG	NATURE/TITL	E/DATE			
Person Preparing Report					Reviewed						
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