

University of Pittsburgh School of Nursing

Health Incident Report Form

This form should be completed by both the student and faculty member within 24 hours after an incident occurs; and should be submitted to the Associate Dean for Clinical Education (or designee). See Policy #302.

Today's Date:

Date & Time of Incident:

Location of Incident:

Student's Name:

Faculty Member's Name:

- 1. Briefly describe the incident (who was involved, who was present, who was notified, what happened, when, where).
2. Was the student or faculty member wearing gloves at the time of the incident? Yes No N/A
3. Was the student or faculty member wearing goggles, a face shield, or a face shield mask at the time of the incident? Yes No N/A
4. List the name, address and phone number of all witnesses.
5. List any testing/treatment that was/has been provided.
6. Identify any follow-up which is planned or which was recommended.
7. How might this incident have been prevented?

Student's signature: _____ Date _____

Faculty signature: _____ Date _____

Received in Dean's Office: / /
Faxed to Risk Management: / /
Forwarded to Student Services: / /
Copy to Student File: / /
Received by: _____

[Please use the back of this form if more space is needed.]