REPORTABLE EVENT FORM

This report and the information contained therein is a privileged communication to the Office of Corporate Compliance and is protected under the Attorney/Client privilege. The Office of Corporate Compliance has authorized the Risk Management Specialist to collect and investigate incidents reported therein. (If you have any questions, call 327-6444).

Please complete this report (in its entirety) in the event of an accident, discovery of a hazardous condition, or any occurrence which is not consistent with routine operation of the institution or routine care of a patient. Submit all forms to Risk Management, Lyttle Hall, 3rd Floor, Room 317, in the Office of Corporate Compliance.

1 NAME _____
ADDRESS _____
_____
PHONE (H) _____ (W) _____
AGE _____ SEX _____

2 EXACT LOCATION OF INCIDENT | BLDG/DEPT | FLOOR | ROOM NO. | DATE | TIME AM PM

DISCOVERED BY | TITLE

3 INCIDENT

__ 1E Slip/Fall
__ 2E Medication
__ 3E Injury
__ 4E Equipment
__ 5E Procedures
__ 6E Elopement/AMA
__ 7E Sharp Instr. Injury
__ 8E Theft/Break-In
__ 9E Auto Accident
__ Fire/Flood
__ Evacuation
__ Other

CONCISE DESCRIPTION OF OCCURRENCE (STATE SIGNIFICANT FACTS IN CHRONOLOGICAL ORDER, I.E., INCLUDE SPECIFIC ENTRANCE/EXIT OR CONDITION SURROUNDING INCIDENT)

4 WITNESSES

NAME | HOME ADDRESS | TELEPHONE NO.

NAME | HOME ADDRESS | TELEPHONE NO.

5 BACKGROUND

Inpatient
Outpatient

PATIENT'S DIAGNOSIS | ADMISSION DATE

SURGICAL PROCEDURE/OUTPATIENT TREATMENT

Medication Within Past 8 Hours: Yes / No | NAME OF MEDICATION | SEDATIVE LAXATIVE DURETIC OTHER

6 Visitor
Employee
Student
Other

REASON FOR BEING AT FACILITY

Department | Title | On Duty: YES / NO

7 Treatment

Was There an Injury? Yes No | Patient/Family Aware of Incident? Yes No | Was Examination or Treatment Refused? Yes No

_____ Injured Person's Signature, If Yes

Attending Physician Notified? Yes No – If Yes, Date _____ Time _____ AM PM
X-Ray Ordered Yes No Results (If Known) _____
Diagnosis and Recommendation _____

_____

_____ SIGNATURE _____ MD

8a REPORTING

EMPLOYEE MUST REPORT INCIDENT TO SUPERVISOR. STUDENT MUST REPORT INCIDENT TO THE DEAN OF STUDENT AFFAIRS. VISITOR MUST CALL THE DEPARTMENT OF PUBLIC SAFETY AT 327-6666.

8b FOLLOW-UP

INVESTIGATION REPORT WILL BE COMPLETED BY RISK MANAGEMENT.

9a

TYPE OR PRINT NAME OF PERSON COMPLETING THIS REPORT

9b

SIGNATURE OF PERSON COMPLETING THIS REPORT | TITLE | DATE

This report is for data analysis and loss control purposes only. It is not to be construed as notification to the insurance company of possible claim.