



Respiratory Care Board of California
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 Website: www.rcb.ca.gov E-mail: rcbinfo@dca.ca.gov



INCIDENT REPORT

REPORTING EMPLOYER INFORMATION	
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Full Name	
Title	
Business Name	
Business Address	
Telephone	Home: () Work: ()

EMPLOYEE INFORMATION	
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Probationer Name	
RCP Number	
Address	
Telephone	Home: () Work: ()

PLEASE ANSWER THE FOLLOWING QUESTIONS:	
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To your knowledge, has the employee exhibited any symptoms of drug or alcohol use? YES [] NO []

To your knowledge, has the employee been involved in any unlawful act? YES [] NO []

If you answered yes, please explain: _____

LOCATION(S) AND DATE(S) OF INCIDENT(S) WHICH LED TO ACTION	
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Location of Incident	<input type="radio"/> Hospital <input type="radio"/> Home <input type="radio"/> Other _____
Address of Incident	
Date(s) of Incident	

DESCRIPTION OF INCIDENT(S)

ACTION(S) IMPOSED BY EMPLOYER

- Counseling Letter
- Informal Reprimand
- Formal Reprimand
- Suspension
- Termination
- Other Action (Please specify type of action) _____

ASSESSMENT OF WORK PERFORMANCE

Please rate the employee's overall work performance, this includes performing all respiratory care procedures in a professional, safe and competent manner, accurate patient record keeping, reporting problems to supervisor and all other standards of practice.

- Exceeds Standard
- Meets Standard
- Does Not Meet Standard

If applicable, identify any areas of practice where the practitioner does not meet standards: _____

CERTIFICATION

I hereby certify that the foregoing statements are true and correct and any documents attached are true copies.

Signature: _____ Date: _____

Title: _____

Please include ALL documentation pertaining to this report and/or any action taken.