

HFAP Incident and Root Cause Analysis Notification

Facilities may submit **Incident and Root Cause Analysis Notifications** by completing this document. Once the incident has been reported, facilities have 60 days to submit the root cause analysis to HFAP. Email to info@hfap.org.

Today's Date

Name of Facility

Facility Type

Address

Phone Number

Name

Filed by

City, State, Zip

Email

Date of Incident

Location

Incident Type

Date of RCA

RCA **Policy** Attached

RCA Attached

Provide a Brief Narrative:

Submit the form once completed via:

Submit by Email
info@hfap.org

Print

Fax
312-202-8298

Mail

HFAP c/o Patient Safety Department
142 E Ontario Street,
Chicago, IL 60611