



# Occurrence Report

TAMU Student Health Services

To document an employee injury, use the First Report of Injury form.  
Confidentiality - This form contains information that is proprietary, privileged, confidential or otherwise legally exempt from disclosure. The preparer and subsequent authors must take the appropriate precautions to keep the information and activities related to this occurrence confidential.

- |   |   |
|---|---|
| <input type="checkbox"/> SENTINEL EVENT         | <input type="checkbox"/> Documentation Issue              |
| <input type="checkbox"/> Fall                   | <input type="checkbox"/> Equipment/Facility Issue         |
| <input type="checkbox"/> Injury                 | <input type="checkbox"/> Procedure/Protocol Issue         |
| <input type="checkbox"/> Security Issue         | <input type="checkbox"/> AMA (Against Medical Advice)     |
| <input type="checkbox"/> Medication Issue       | <input type="checkbox"/> Exposure to Blood or Body Fluids |
| <input type="checkbox"/> Other (describe) _____ |   |

## Incident Occurred

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

## Incident Discovered

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

## Incident Location

\_\_\_\_\_

## Affected Party

- ☐ Patient  
☐ Visitor  
☐ Staff

Name: \_\_\_\_\_ ☐ Male ☐ Female DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ SSN / UIN: \_\_\_\_\_

## Witness

Name: \_\_\_\_\_ ☐ Male ☐ Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Description:** Please give a concise, objective description of the occurrence. State significant facts in the order in which they occurred. Use the back of this form if more space is needed.

\_\_\_\_\_  
Signature of person preparing report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Follow-up (initial and date)

\_\_\_\_ Supervisor \_\_\_\_\_ Director  
\_\_\_\_ Administrator \_\_\_\_\_ Risk/Safety Chair

## External Entity: List any external entities notified

\_\_\_\_\_

**Action:** Describe action(s) taken to minimize re-occurrence. Use the back of this form if more space is needed.

\_\_\_\_\_  
Signature of person investigating report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Tracking # \_\_\_\_\_