HOPE ANIMAL-ASSISTED CRISIS RESPONSE SERVICES & OPERATIONS HANDBOOK

APPENDIX B-3 CONFIDENTIAL OCCURRENCE REPORT FORM

Directions for Completing Form:

- Occurrences are any event that is not consistent with the routine operation of the organization; they represent an opportunity for improvement of services.
- All incident reports should be reviewed with your supervisor as soon as possible and forwarded to the
 President within 24 hours of the occurrence. If a major incident occurs (for example, a dog bite), this
 should be reported to your supervisor and to the President <u>immediately</u>. The president can be
 contacted at any time by calling 877-HOPE-K9s (877-467-3597).
- If information in any category isn't available, please note this on the form.
- Please identify your recommendations for corrective action, if necessary. For example, if an incident
 occurred between two visiting dogs, you should identify what actions could have been taken to
 prevent the occurrence. Your honest input is important to maintain the quality of our services.
- If multiple individuals/dogs are involved in an occurrence, the individuals may either complete one form that everyone signs or multiple forms signed by each individual. Please assure that the information reflects your understanding of the events before your sign the form.

Date of Incident:	
Incident Involving:	
Exact Location of Occurrence:	
Time of Occurrence: AM PM	
Nature of Occurrence:	
Description of Occurrence:	
If incident involved injury to person or animal:	
Was medical attention sought and obtained? Yes \square No \square	Not Applicable
If medical treatment was obtained please check all that apply	y:
First Aid: EMT: Nurse Practitioner/Physician's As	sistant/Medical Doctor: 🗌
Hospital or Other Treatment Facility: Veterinarian or Vet	Tech:

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Name/Address/Phone of Facility/Individual Providing Care (if available):	
Name: Phone:	_
Address:	_
Individual Refused Medical Care (for self or animal)? Yes No	
Signature of Individual Refusing Medical Care:	_
Corrective Action Recommendations of Reporting Person(s)	
Signature of Person Preparing Report:	_
Date Signed:	

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OCCURANCE REPORT FINDINGS

Review/Findings of Assigned Occurrence Investigator	
Review/Findings of President, Executive Committee, Board Members:	
Corrective Actions Taken; Policy/Trend Implications:	
Signature of President: Date:	