

## ESRD INCIDENT OR ACCIDENT REPORT FORM

1. Facility physical address, telephone number and license number.
  
2. Date of incident/accident.
  
3. Name and address of patient and/or staff involved (with attachments as needed).
  
4. Nature and extent of incident or accident. (Circle specific items below. Include details with attachments as needed).  

|  |   |
|--|---|
|  | 1. An incident requiring emergency treatment or hospitalization;  |
|  | 2. A cleaning agent left in a machine that is subsequently used on a patient.   |
|  | 3. Contamination of the water supply.   |
|  | 4. Development of infection or communicative disease; and   |
|  | 5. An accident or other event having a direct or immediate bearing on the health, safety, or security of a patient or staff member. |
  
5. Name, title and phone number of person making report.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

902 KAR 20:018 Sec. 3(6) Incident and accident reports.

(a) A facility shall submit an incident report to the Cabinet for Health Services, Office of the Inspector General, within three (3) days of the occurrence of a reportable event.

(b) A facility shall retain a copy of the report for inspection by the Cabinet.

(c) Reportable events include:

1. An incident requiring emergency treatment or hospitalization;
2. A cleaning agent left in a machine that is subsequently used on a patient.
3. Contamination of the water supply.
4. Development of infection or communicative disease; and
5. An accident or other event having a direct or immediate bearing on the health, safety, or security of a patient or staff member.

**PLEASE DO NOT WRITE ON THE BACK OF THIS FORM**

**Please mail to:** Cabinet for Health and Family Services, Office of the Inspector General,  
Division of Health Care, 275 East Main St., 5E-A, Frankfort, Kentucky 40621

**or e-mail to:** Robin.Rowe@ky.gov

**or FAX to:** (502) 564-6546