

Name of injured person _____ Phone Number: _____

Date of Incident _____ Today's Date: _____

Time of Discovery of Incident: _____ AM/PM Injured person is a (circle one): Client Student Employee

Type of Incident

Check only one: Unknown Accident Assault Result of Treatment

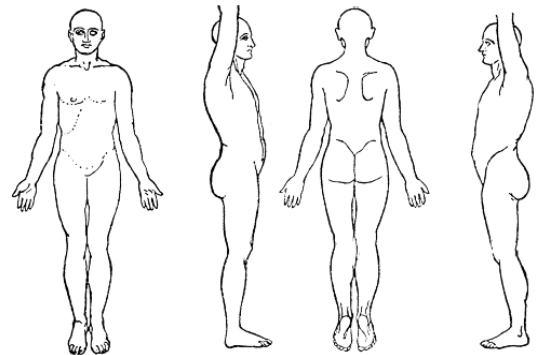
Please Describe Incident & Type of Injury: _____

(Use 2nd page if needed)

Indicate site of injury on diagram to the right:

(Attach Photo's to the completed form, in Google

Drive, under "Safety/Accident Report")



Potential Risk Factors – Cause, Environmental Issues, Safety Issues and Physical Conditions

Check all that apply Environmental/Safety Issues Physical Condition Equipment Failure
 Tripping Hazard Wet/Slippery Floor Other Safety Issue (Specify) _____

Escalation

Did injured person require emergency care (911/Hospital) Yes No
 Should Dr. Morris be notified? Yes No
 Is there an appointment schedule? Yes No if so, when? _____
 Was medication contributing factor to the accident/injury? Yes No if so, explain? _____

Employee Name _____

Employee Signature _____

