

QI0504-10/08

Incident Report
for
Sentinel Events, Accidents, Exposures and Level 2 Customer Complaints

Patient/Customer Name (if patient involved): _____

Professional Medical Employee: _____

Date & Time of Incident: _____ Date Investigation Commenced _____

Type of Report (Check all that apply)

<input type="checkbox"/> Sentinel/Adverse Event <i>(must investigate with 24 hours)</i>	<input type="checkbox"/> Medical Device Failure
<input type="checkbox"/> Employee Accident/Injury	<input type="checkbox"/> Adverse Effect from a Recalled Product
<input type="checkbox"/> Pathogen Exposure or Infection	<input type="checkbox"/> Level 2 Customer Grievance
<input type="checkbox"/> Hazardous Substance Exposure	<input type="checkbox"/> Safety Related Report
<input type="checkbox"/> Other _____	<input type="checkbox"/> Compliance violation

Description of Event: (use additional paper if necessary)

Serial/Control Number and Type of Equipment involved (if applicable):

Resolution: _____ Date of Resolution: _____

Reviewed by: _____ Date: _____

Attach Follow-Up Letter and/or supporting documentation to this report and complete the appropriate complaint or incident log. Place all documentation including a copy of this report into the patient's permanent medical chart. Medicare patients require a written follow up letter be sent explaining the resolution within 14 days of the date of the complaint having been filed. Investigations must commence within 5 days except for sentinel events which should be less than 24 hours. A copy of all completed incident reports and resolutions letters must be sent to the quality improvement department for review immediately upon completion. Fax to 830-608-9799 attn: Jeff