**Member Incident Investigation Report**

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.

Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.

Caregiver Notification
Date & Time: \_\_\_\_\_\_\_\_\_\_\_
Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| This is a report of a: [ ]  Incident [ ]  Accident [ ]  First Aid Only [ ]  Near Miss |
| Date of Incident:  | Report by: [ ]  Employee [ ]  Supervisor [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Step 1: Member Information (Complete this part for each injured member)** |
| Member Full Name: | [ ]  Male [ ]  Female |
| Center:  |
| Part of body affected (shade all that apply): | Nature of injury:[ ]  Abrasion, scrapes[ ]  Amputation[ ]  Broken bone[ ]  Bruise[ ]  Burn[ ]  Fall[ ]  Concussion (to the head)[ ]  Crushing injury[ ]  Cut, laceration, puncture[ ]  Hernia[ ]  Illness[ ]  Sprain, strain[ ]  Damage to a body system[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Step 2: Describe the incident** |
| Exact location of the incident:  | Exact time:  |
| Part of Day: [ ]  Entering or leaving center [ ]  Doing normal activities [ ]  During meal period [ ]  During break [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe, step-by-step the events that led up to the incident, what happened during, and after:  |

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| **Number of attachments:** | Written witness statements:  | Photographs:  | Drawings:  |
| Names of Witnesses:  |

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| **ADMIN ONLY: Outcome** |
| What was the outcome? Next steps? Corrective actions? |

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| **Step 3: Who completed and submitted this form?** |
| Printed Name:  | Date Completed:  |
| Signature:  | Time Completed:  |

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|  |  |
| Supervisor Signature | Date and Time |
|  |  |
| Executive Director Signature | Date and Time |

*All Incident Reports must be signed by supervisor at end of shift and by Executive Director within 24 hours.*