**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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| Page 1 continuation… | | | |
| **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.*