

CareWorks

Incident / Accident Investigation Report

Brief Summary of Incident/Accident: _____ _____ _____ _____ _____ _____ _____

SECTION I: Background Detail

Date of Incident/Accident _____ Time _____ am/pm

Location _____

Name of Client Directly Involved

_____ (Client/Family) Sex (M / F)

Date of Birth _____ Phone #: _____

Address: _____

Statement: _____ Date: _____

Name of Employee/Care Provider Directly Involved

_____ (Caregiver/Other) Sex (M / F)

Hire Date: _____ Phone #: _____

Address: _____

Statement: _____ Date: _____

Witness Name _____ Phone _____

Relationship: _____

Statement: _____

Witness Name _____ Phone _____

Relationship: _____

Statement: _____ Date: _____

Witness Name _____ Phone _____

Relationship: _____

Statement: _____

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SECTION II: Property, Loss / Damage	Description
Article	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION III: Physical Injury: If individual involved was physically injured, describe incident in brief, when injury occurred and description of injury.

SECTION IV: Emergency Care

Indicate emergency care given on-site or the name of the doctor / hospital who provided care.

SECTION V: Follow-Up

Follow-Up Action? Yes / No Description of Follow-Up Action _____

SECTION VI: Supervisor Comments

How can a recurrence be prevented in the future?

Print name and title of person completing this section:

Date _____ Signature _____

Name (Print) and Title of Person Completing this Form

Signature

Date: