COVERYS

Visitor Incident Report Form – SAMPLE

<table>
<tr><th colspan="5">VISITOR INCIDENT REPORT</th></tr>
<tr><td>Today's Date:</td><td>Date of Incident:</td><td>Time of Day:</td><td colspan="2">Report Completed By:</td></tr>
<tr><td colspan="2">Last Name</td><td>First Name</td><td colspan="2">Middle</td></tr>
<tr><td colspan="2">Address</td><td>City</td><td>State</td><td>Zip Code</td></tr>
<tr><td colspan="2">Phone Number</td><td>Date Of Birth</td><td colspan="2">Age</td></tr>
<tr><td colspan="5">Incident Type ☐ Fall ☐ Property ☐ Safety ☐ Other</td></tr>
<tr><td colspan="5">Specific Location Of Incident
☐ Pt. Room No. ______ ☐ Hallway ________ ☐ Elevator No.___________ ☐ Stairs __________
☐ Cafeteria __________ ☐ Department/Unit ____________________________ ☐ Other _________</td></tr>
<tr><td colspan="5">PARKING LOT/SIDEWALK ____
____</td></tr>
<tr><td colspan="5">Falls</td></tr>
<tr><td colspan="5"><u>Description of Fall</u>
☐ Assisted to floor
☐ Walking unassisted
☐ While standing
☐ Fainted

<u>Assistive Devices</u>
☐ Cane: ____________
☐ Walker: ___________
☐ Wheelchair: _______
☐ Glasses: _________
☐ Hearing Aid: _______
☐ Shoe condition:
____

<u>Visitor Condition</u>
☐ Confused
☐ Dizzy
☐ Other __________

<u>Environmental</u>
☐ Ice/Snow
Services conditions:
____
Observed Hazards:
____
☐ N/A</td></tr>
<tr><td colspan="5">Property</td></tr>
<tr><td colspan="5">☐ ARTICLE MISSING
☐ Clothes
☐ Book
☐ Glasses
☐ Electronic Device
☐ Cell Phone
Security notified ☐ Yes ☐ No

☐ ARTICLE FOUND
☐ Jewelry
☐ Dentures
☐ Wallet/purse☐ Hearing
☐ Money
☐ Other ____________

☐ PROPERTY DAMAGED
Brief description of property:
____
____
Location: ______________________________________
Name of owner, if known: ________________________</td></tr>
</table>

Sample

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Updated: December 2018

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<table>
<tr><td>Safety</td><td>☐ Abduction
☐ Abuse/neglect
☐ Violence</td></tr>
<tr><td>Other</td><td>☐ Electric/fire hazard
☐ Inappropriate behavior
☐ Sharps exposure
☐ Contraband
☐ Security issue
☐ Bloodborne Pathogen exposure
☐ Other ____________________
____
____________________</td></tr>
<tr><td colspan="2">☐ Dissatisfaction</td></tr>
<tr><td>Witnesses</td><td>☐ Injury
☐ Other ______________________________</td></tr>
<tr><td colspan="2">NAME ______________________
PHONE _____________________
☐ EMPLOYEE ☐ VISITOR ☐ OTHER</td></tr>
<tr><td>Follow-Up Treatment</td><td>Name ______________________________
Phone ______________________________
☐ Employee ☐ Visitor ☐ Other ____________________</td></tr>
<tr><td colspan="2">Brief Explanation
____
____
____
____
____________________</td></tr>
<tr><td colspan="2">Visitor Description of Incident (include quotes)
____
____
____
____
____
____________________</td></tr>
</table>

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<tr><td>Referred for treatment: ☐ Yes ☐ No

Describe ________________________________
____
____
____

X-Ray ordered: ☐Yes ☐ No

☐ Visitor refused all treatment</td><td><u>Outcomes attributed to the event:</u>
(check all that apply)
☐ None ☐ ED visit
☐ Hospitalization ☐ Surgery
☐ Lab work ☐ Other ________________________
Results: ____________________________________
____

Comments: ____________________________________
____________________________________</td></tr>
</table>

Injury Attributable to the Incident (check only those that apply)			
☐ None	☐ Abrasion/skin tear	☐ Bleeding/hemorrhage	☐ BBF exposure
☐ Bruise	☐ Burn – electrical	☐ Burn – scald	☐ Contusion
☐ Concussion	☐ Dental damage	☐ Edema/swelling	☐ Erythema/redness
☐ Fracture	☐ Hematoma	☐ Laceration w/ sutures	☐ Laceration w/o sutures
☐ Pain	☐ Perforation/tear	☐ Strain/sprain	☐ Unknown
☐ Other ____________________________________			

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