

Location of Incident within the facility?

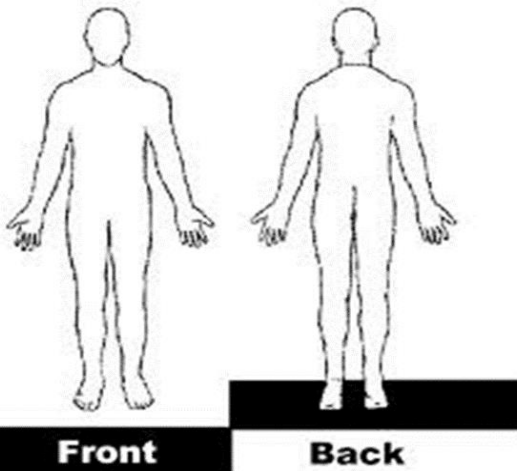
Was the patient injured?

Yes/No

Gait Belt in use?

Yes/No

Location of Injury:



Type of Injury:

1. Laceration
2. Hematoma
3. Abrasion
4. Burn
5. Swelling
6. Skin Tear
7. None Apparent
8. Other (Specify below):

Was therapist following Physician approved POC & Observing precautions?

Yes/No

Details if needed:

Was Employee Injured?

Yes/No

If yes, AD must be notified & Workers Comp Incident Report must be completed and submitted to Corporate Office on day of incident.

Was first aid administered?

Yes/No

If Yes, type of care provided, by whom, & time provided: _____

Did incident result in a patient transfer out of facility for medical care?

Yes/No

If yes, provide details: _____

Incident Witness? Yes/No If Yes, Witness Name: _____

Was Administration at Facility Notified? Yes/No

Was Facility Incident/Accident Report Completed? Yes/No

Was Area Director Notified? Yes/No If Yes, Date Notified _____
Via Email, Fax, Phone, In Person (Circle One)

Signature of Employee Date:

Signature of Supervisor Date:

Supervisor Statement:

Supervisor Signature Date:

Corporate Use Only:

	AD Investigation Required?	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Area Director Signature	Date:	If Yes, Report Completed? <input type="checkbox"/> Yes/No <input type="checkbox"/>
	Clinical Investigation Required?	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Clinical Specialist Signature	Date:	If Yes, Report Completed? <input type="checkbox"/> Yes/No <input type="checkbox"/>
	Did incident result in disciplinary action for Employee?	<input type="checkbox"/> Yes/No <input type="checkbox"/>
President Signature	Date:	Disciplinary Action Taken: _____
Follow Up Required?	<input type="checkbox"/> Yes/No <input type="checkbox"/>	Investigation Completed? <input type="checkbox"/> Yes/No <input type="checkbox"/>
Details for Follow Up, _____		
Liability Insurance Company Notified?	<input type="checkbox"/> Yes/No <input type="checkbox"/>	Date Notified, _____
Notified by Whom, _____		

