SAFETY RISK/INCIDENT AND LIFE-THREATENING COMPLAINT LOG

Note: Occupational illnesses and work-related injuries are tracked and reported on the designated OSHA 300 and OSHA 300A logs which can be found at http://www.osha.gov/.

Summary of Year: _____

Date of Incident	Date Incident Reported	Location of Incident (Facility Name)	Incident/ Complaint Reported by Employee	Incident/ Complaint Reported by CLIENT	Initials of Employee Involved in Incident/ Complaint	*Incident Category (e.g. P1,E2 E3)	Reported to Professional Board Y/N

***Incident Category**

Patient Risks (P) Employee Risks (E)

PATIENT RISKS (P)		EMPLOYEE RISKS (E)	
Safety Hazard **(1)**	Near Miss **(4)**	Occupational Illness **(1)**	Security Incident **(3)** (including property damage)
Injury **(2)**	Sentinel Events **(5)**	Work related Injury **(2)**	Other **(4)**
Medical Error **(3)**	Other **(6)**		

SAFETY RISK/INCIDENT AND LIFE-THREATENING COMPLAINT FORM

Location of Safety Risk/Incident/Complaint (Customer Name): _____
Incident/Complaint Reported by: ❑ Customer ❑ Employee

Date of Safety Risk/Incident/Complaint: __ __ / __ __ / __ __ __ __Time: ___ : ___ ❑ AM ❑ PM
Date Risk/Incident/Complaint Reported: __ __ / __ __ / __ __ __ __Time: ___ : ___ ❑ AM ❑ PM

Name of Employee Involved in Incident:

Incident/Complaint reported: ❑ Written (attached) ❑ Verbal
If verbal, summarize safety risk/incident:

Category of Safety Risk/Incident/Complaint

❑ Patient (P)	❑ Employee (E)
❑ Safety Hazard ❑ Near Miss ❑ Injury ❑ Medical Error ❑ Occurrence/Sentinel Event ❑ Other_____	❑ Occupational Illness ❑ Work related injury ❑ Security Incident (including property damage) ❑ Other _____

Abberrant or illegal behavior: ❑ No ❑ Yes, If yes date reported to professional board or law enforcement: __ __ / __ __ / __ __ __ __

Investigation

Date Completed: __ __ / __ __ / __ __ __ __
Conducted by (name and title):

Plan of Action

Action Taken:

Date Action Initiated: __ __ / __ __ / __ __ __ __

Outcome/Comments

Date Reported to Administrator/Staffing Manager: __ __ / __ __ / __ __ __ __