

EQUIPMENT

- MALFUNCTION
- IMPROPER USE
- DEFECTIVE
- UNAVAILABLE
- OTHER: _____

- IF SMDA:**
- KEEP PACKAGING
 - NOTIFY RISK MGMT
 - RETAIN EQUIPMENT

- REPORTED TO BIOMED YES NO
- REMOVED FROM SERVICE YES NO
- IMPLANTABLE DEVICE DEFECT YES NO

OTHER

- AMA
- DOCUMENTATION
- HAZARDOUS MATERIAL
- NONCOMPLIANCE
- SAFETY / SECURITY ISSUE
- PROFESSIONAL CONFLICT
- INAPPROPRIATE BEHAVIOR
- DISSATISFACTION
- OTHER: _____
- CONTRABAND
- INJURY

PLEASE COMPLETE THE FOLLOWING FOR ALL OCCURRENCES

FACTS ABOUT OCCURRENCE

BRIEF EXPLANATION:
(BY PERSON COMPLETING FORM)

PATIENT / VISITOR DESCRIPTION OF OCCURRENCE

INCLUDE QUOTES:
(REMEMBER TO DOCUMENT PT / FAMILY QUOTES IN MEDICAL RECORD)

PT / FAMILY ATTITUDE AFTER OCCURRENCE: UNAWARE COOPERATIVE ANGRY THREAT OF LITIGATION

PATIENT / VISITOR CONDITION

- PRIOR TO OCCURRENCE
- ALERT UNCOOPERATIVE COMBATIVE MEDICATED (EXPLAIN) _____
- SEDATED CONFUSED UNCONSCIOUS UNKNOWN

FOLLOWING OCCURRENCE

DESCRIPTION / NATURE OF INJURY (IF APPLICABLE): _____

FOLLOW UP TREATMENT

REFERRED FOR TREATMENT YES NO

X-RAY / TEST ORDERED YES NO

DESCRIBE _____

RESULTS _____

WITNESSES

NAME _____ PHONE _____

EMPLOYEE FAMILY OTHER: _____

NAME _____ PHONE _____

EMPLOYEE FAMILY OTHER: _____

SUPERVISORY FINDINGS / CORRECTIVE MEASURES TO PREVENT REOCCURRENCE

NOTIFICATION

PHYSICIAN NAME _____ TIME _____ BY WHOM _____

MANAGER / SUPERVISOR NAME _____ TIME _____ BY WHOM _____

OTHER _____ TIME _____ BY WHOM _____

MANAGER SIGNATURE _____ DATE _____