



Incident Report Form for WCIA

Injuries involving the public or damage to private property. Not for release to the public.

Department:	Name of staff member:
Date/Time Occurred:	Other staff involved:
Date /Time Reported:	<input type="checkbox"/> Injury <input type="checkbox"/> Property Loss

RESIDENT/VISITOR INFORMATION

Name:	Phone:
Address:	Age:
Person/Organization Accompanied by:	Parent/Guardian Name:

INJURY INFORMATION

What is visitor's complaint of injury?
Where on the body did the injury occur?
What activity was visitor participating in at time of incident?
Was any equipment involved?
Description of Incident:

STAFF ACTION TAKEN

Employee Providing Care:
Personal Protective Equipment Used:
Care Provided:

Was EMS Notified? NO YES REFUSED (If EMS is refused have visitor initial_____)

Person Released to: Return to Facility Parent/Guardian EMS Other:_____

A person may refuse care if: he/she meets all these criteria: 1) over age 18; 2) is oriented to person, place, time, situation; 3) exhibits no evidence of altered level of consciousness or alcohol or drug ingestion that impairs judgment; 4) understands the risks and consequences of refusing care

If EMS was notified, was the person transferred? No Yes

Name of Hospital: _____

PROPERTY LOSS INFORMATION

Location:

If damage to property happened as result of this incident please list details below:

Staff Action Taken:

Name of Employee Submitting Report

Signature of Employee Submitting Report

Name of Supervisor Reviewing Report

Signature of Supervisor Reviewing Report