

Caring Touch Nursing, Inc.

Category: HR

Form 4: Employee Incident Report

Please Print Neatly

Visitor Information	
Name:	Job Title:
Type of incident:	Date/Time of Notification:
(Office Use Only) CTN Tracking #	

Respondent: Person Named in This Complaint
A specific description of the incident including others present, names and witnesses, part of body injured, etc.:
What was the employee doing just before the incident occurred?
What happened? (Tell us how the injury occurred)
What was the injury or illness (What part of the body was affected and how it was affected)
What object or substance directly harmed the employee?
Any action taken following the incident; i.e., contacted ambulance service, police, etc.:
Follow up:
Days of work missed due to incident:
If this incident report relates to an exposure occurrence (Sharps, etc.) please list your Hep B vaccinations, HBV status, and SS #:

To be completed at the time of incident. This document must be given to CEO within 24 hrs. It is the responsibility of any individual involved in an incident to complete a report.

Call to report all incidents to Gayle Willett or Clinical Director.

Reported by: _____

Date: _____

Supervisor: _____

Date: _____