INCIDENT REPORT

For use of this form, see AR 40-68; the proponent agency is OTSG.

Privacy Act of 1974, 5 USC 552a governs access to this document.

Quality Management Document under 10 USC 1102. Copies of this document, enclosures thereto, and information therefrom will not be further released under penalty of the law. Unauthorized disclosure carries a statutory penalty of up to $3,000 in the case of a first offense and up to $20,000 in the case of a subsequent offense. In addition to these statutory penalties, unauthorized disclosure may lead to adverse actions under the UCMJ and/or adverse administrative action, including separation from military or civilian service.

Instructions: See page 2 for instructions in completing this form and definitions of terms marked with an asterisk (*).

1. DATE OF EVENT *(YYYYMMDD)*	2. TIME OF EVENT *(Military time.)*	3. LOCATION OF EVENT

4. This incident was a/an: *(Check one)* ☐ Actual Event/Incident* ☐ Near Miss/CloseCall*

5. This incident involved harm or the potential for harm to a patient. ☐ Yes ☐ No

6. This incident involved the following individuals: *(Check all that apply)*
☐ Patient ☐ Family Member (☐ Adult ☐ Child < 18 years old) ☐ Staff Member ☐ Visitor ☐ Volunteer ☐ Other

7. Type of Event. *(Check all that apply) NOTE: Items marked with ** require additional action; see reverse for further detail.*

☐	Adverse Drug Reaction**	☐	Fall	☐	Property Damaged/Destroyed
☐	AMA/Left Without Being Seen**	☐	Infant Abduction	☐	Property Lost/Stolen
☐	Assault *(e.g., physical, verbal, emotional)*	☐	Infant Discharge to Wrong Family	☐	Radiology Related
☐	Blood Products Related**	☐	Laboratory Related	☐	Rape
☐	Delay in: Diagnosis/Treatment/Transfer	☐	Medication Related	☐	Restrained Patient Injury
☐	Equipment/Supply Problem**	☐	Needle Stick/Sharp Injury	☐	Suicide in a 24-hour Facility
☐	Exposure to Blood/Body Fluids	☐	Obstetrics Related	☐	Other *(Specify)*
☐	Facility/Physical Plant Problem	☐	Operative/Invasive Procedure Related		

8. Effect of this Incident on the Individual(s) Involved. *(Explain in Block 11.)*
☐ No harm*sustained ☐ Harm sustained

9. Witness(es) who may be able provide additional detail concerning this incident.

a. Name	b. Telephone Number

10. Department(s) Involved in this Incident. *(Check all that apply)*

☐	Ambulatory Care	☐	Information Management	☐	Nursing	☐	Radiology
☐	Behavioral/Mental Health	☐	Laboratory	☐	OB/GYN	☐	Surgery
☐	Dental	☐	Logistics *(Maintenance, Grounds, Housekeeping)*	☐	Pediatrics	☐	Other *(Specify)*
☐	Emergency Care	☐	Medicine	☐	Pharmacy		

11. Description of Incident. *(Provide concise, factual, objective details.)*

(If more space is needed, use reverse or attach an additional page.)

12. What actions, if any, could have been taken to prevent this incident from occurring?

13. Patient ID Plate or Printed Name and SSN, Address, and Daytime Telephone Number

14. Name, Grade, Title of Individual Completing Form

15. Signature

16. Date of Report *(YYYYMMDD)*

FOR ADMINISTRATIVE USE ONLY.

Incident Log Number _____ SAC score ____

Is additional event analysis required? ☐ YES ☐ NO

1. PURPOSE. To provide an effective method of documenting events which may have quality assurance/risk management implications involving patients, visitors, or others. The reported data are used to monitor, evaluate, and improve functional processes, the environment of care, as well as the quality and safety of patient care and services. Based on the nature of the incident, other documentation (e.g., Patient Safety, Risk Management, etc.) may be required IAW local policy.

2. RESPONSIBILITY. The staff member who discovers the event or incident will initiate this document. All incidents should be recorded as soon after discovery as possible.

3. DIRECTIONS FOR COMPLETION OF FORM.

a. Block 1-16. Fill in all numbered blocks. If "Not Applicable" or "None", so state. If "Other" is marked for any response, please explain in the blank space provided, or in Block 11, Description of Incident.

b. Block 5. For those incidents involving harm, or the potential for harm, to a patient (inpatient or outpatient), refer to MTF Patient Safety guidance for additional documentation requirements.

c. Block 6. A patient may be involved in an incident that is ***not*** classified as a Patient Safety event, i.e., personal harm, or the risk of harm, was not present. Examples include: loss of valuables, a verbal altercation with another patient, etc.

d. Block 7.
- (1) For an adverse drug reaction, also complete FDA Form 1839, Adverse Reaction Report (Drugs and Biologics).
- (2) For a blood products reaction, also complete the bottom portion of SF 518, Medical Record - Blood or Blood Component Transfusion and any other local documentation IAW MTF policy.
- (3) For patients who depart AMA/Left without Being Seen, also complete DA Form 5009, Release Against Medical Advice.
- (4) For medical equipment related incidents, contact Logistics Division for other required action IAW AR 40-61.

e. Block 8. Indicate the initial effect or injury (physical or psychological) sustained by those involved in the incident being reported. Individuals who are injured as a result of an incident or adverse event should be referred immediately for medical attention. The facility Risk Manager will be notified of any incident that results in harm to the individual(s) involved.

f. Block 9. List any witnesses to the event that may be asked to provide additional verbal or written information.

g. Block 10. Note the departments involved with this incident to ensure that corrective action, if appropriate, can be taken.

h. Block 11. Provide a brief but concise explanation of what occurred. Avoid speculation related to the cause of the incident.

4. ROUTING OF FORM. This document should be forwarded through appropriate local channels. At a minimum, it should be staffed within 24 hours of incident identification through the Departments/Services concerned. This form will be submitted to the MTF Patient Safety Manager, Risk Manager, or other responsible individual IAW local policy, NLT 48 hours after the event.

5. DEFINITION OF TERMS.

a. Actual Event/Incident - A situation that did occur either with or without harm or injury to the individual(s) involved.

b. Harm - Personal injury or damage of a physical or a psychological nature as a result of an incident.

c. Near Miss/Close Call - An event or situation that could have resulted in harm or injury to the individual(s) involved but did not, either by chance or through timely intervention. The event was identified and resolved before reaching the individual(s) involved.

6. ADDITIONAL COMMENTS/DATA.