



## INCIDENT REPORT

REPORTED BY: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

TITLE / ROLE: \_\_\_\_\_ INCIDENT No.: \_\_\_\_\_

### INCIDENT INFORMATION

NAME OF PERSON INVOLVED: \_\_\_\_\_ NURSING PROGRAM: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ SPECIFIC AREA OF LOCATION: \_\_\_\_\_

ADDITIONAL PERSON(S) INVOLVED: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

#### INCIDENT DESCRIPTION:

#### DESCRIPTION OF UNACCEPTABLE / UNSAFE BEHAVIOR OR CONDITIONS (IF APPLICABLE):

#### RESULTING ACTION EXECUTED OR PLANNED:

NAME OF PERSON INVOLVED \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF REPORTING PERSON: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF FWWSO OSHA OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## DIRECTIONS FOR COMPLETION OF FORM

1. Incident Report form is completed by the person reporting the incident at the time of the incident.
2. Please print or type, making sure all appropriate information is included.
3. **Incident No.:**  
Completed by the FWWSON OSHA Officer.
4. **Name of Person Involved:**  
Name of student and/or faculty member involved, not the patient/client that may have been involved.
5. **Nursing Program:**  
Basic BSN, BRAND, BSN Completion, MS, or DNP
6. **Incident Description:**  
Accurately describe the incident within shaded area provided.
7. **Description of Unacceptable/Unsafe Behavior or Conditions:**  
As applicable, include any unacceptable/unsafe behaviors or conditions within shaded area provided.
8. **Resulting Action Executed or Planned:**  
Completed in collaboration with involved individuals.
9. Upon completion of the form and all signatures obtained, the form should be returned to the **FWWSON OSHA Officer**.