



ACCIDENT / INCIDENT REPORT

This report must be completed when injuries, property damage and/or any malicious activity occur and managing staff needs to be formally notified. It is recommended to complete this report in the case of “near misses” so they can be discussed and used to develop best practices.

ACCIDENT / INCIDENT INFORMATION

When: Date: _____ / _____ / _____ Time: _____ a.m./p.m.

Where (facility, location within, landmark): _____

What: Accident _____ Incident _____

Who: Program Participant Customer Visitor Volunteer Staff/Contractor Other _____

PERSON(S) INVOLVED

Name: _____ Age: _____ Phone: _____

Address: _____ City _____ Zip: _____

If under 18 yrs: Was parent/guardian present? Yes No Was Parent/Guardian contacted? Yes No

If contacted, parent/guardian name & phone: _____

Name: _____ Age: _____ Phone: _____

Address: _____ City _____ Zip: _____

If under 18 yrs: Was parent/guardian present? Yes No Was Parent/Guardian contacted? Yes No

If contacted, parent/guardian name & phone:

STAFF/CONTRACTOR ON DUTY

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

DETAILS OF ACCIDENT / INCIDENT

What happened:

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Describe any injury(s), damages, loss:

Note: If product/equipment was damaged or has failed as a result, please immediately terminate use and retain

Action(s) taken/care provided (include by whom):

WITNESS(S)

Name: _____ Age: _____ Phone: _____
Name: _____ Age: _____ Phone: _____
Name: _____ Age: _____ Phone: _____

EMERGENCY SERVICES INFORMATION

Was 911/EMS called? Yes No If yes, by: _____ Time called: _____ a.m./p.m.
EMS Representative: _____ Report #: _____
Was Sheriff notified? Yes No Representative: _____ Report #: _____

REPORT SUBMITTED BY:

Employee/Contractor Name _____ Signature _____ Date _____

REPORT REVIEWED BY:

Supervisor Name _____ Signature _____ Date _____

ONLY IF APPLICABLE

REFUSAL OF PATIENT CARE

I, _____, acknowledge that it has been explained to me, by an employee of the City of San Marcos, that I, or my minor child, are in need of medical care. I understand that the City of San Marcos employee is neither denying care nor withholding care. I understand that I am not being abandoned by the treating employee and am fully aware that by refusing care worsening of the injury/illness may occur, possibly leading to permanent disability or death.

Signature for refusal of care: _____ Date: _____ / _____ / _____

Relationship (to patient): _____