

Incident / Accident Report Form (IAR)

Use this form to report any unexpected incidents related to employee safety, patient care or treatment, as well as visitors, interns and residents.

Name of person filling this form		Position of person filling this form		
Name of person affected by incident:		Age	Medical Number	Gender
Occupation Status of affected person:				
• Hospital Staff	• Casual Worker	• Student	• Inpatient	• Other (specify)
• Medical Staff	• Resident Staff	• Visitor	• Outpatient	
Date of Incident	Time	Location	Signature of person filling this form	

Category of Incident / Accident				
What are you reporting?	• Near Miss error happened or did not happen. No harm to patient.	• Sentinel Event Death or serious irreversible physical or psychological harm to a patient has occurred as result of an error	• Patient Death	
Type of incident/accident:				
• Needle Prick	Physical Trauma	• Verbal / Physical Abuse	• Poor patient preparation	• Utility systems-related event
• Sharp Injury				
• Biological Exposure	• Laceration • Pressure Ulcer	• Fall	• Breach of Safety	• Post-op complication
• Blood Spill				
• Chemical Spill	• Extravasation	• Mis-Identification	• Breach in confidentiality	• Infection-related event :
• Radioactive Exposure				
• Fire	• Per-op complication	• Wrong-site surgery	• Patient positioning	• Anesthesia-related event
• Burn				
•	• Unintentional event related to Implanted Port	• Infant discharge to wrong family	• Error In Documentation	• Medical equipment-related event
•				
• Theft	• Medication error		• Other (specify):	
•				
• Adverse Drug Reaction				
Reserved only for medication errors:				
Type of Medication Error:		What Went Wrong?		

<ul style="list-style-type: none">• Error in Transcribing• Dispensing Error• Error in Prescribing• Error in monitoring of Drug Effects• Error in Administration	<ul style="list-style-type: none">• Wrong Time• Wrong Route• Wrong Drug• Wrong Patient• Wrong Dose	<ul style="list-style-type: none">• Omission of dose• Extra / Overdose• Wrong Dilution• Wrong Rate• Drug Interaction
Summary of what happened:		

IAR serial Number:	IAR /	/ 20 - -
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