

# Care Compliance System

## Incident & Accident Report Form

### 1. Incident Details

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Person(s) Involved (Name/DOB): \_\_\_\_\_

Staff Member Reporting: \_\_\_\_\_

### 2. Description of Incident

- Describe exactly what happened (factual account only):

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### 3. Immediate Action Taken

First Aid Administered? ☐ Yes ☐ No

GP/Ambulance Called? ☐ Yes ☐ No

Family Notified? ☐ Yes ☐ No

Details of action: \_\_\_\_\_

### 4. Witness Statements

Name of Witness 1: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Witness 2: \_\_\_\_\_ Signature: \_\_\_\_\_

### 5. Manager's Review & Root Cause Analysis

Was the care plan followed? ☐ Yes ☐ No

Was staffing adequate? ☐ Yes ☐ No

Environmental factors (e.g., wet floor, lighting)? \_\_\_\_\_

Root Cause (Why did this happen?): \_\_\_\_\_

Action Plan to Prevent Recurrence: \_\_\_\_\_