

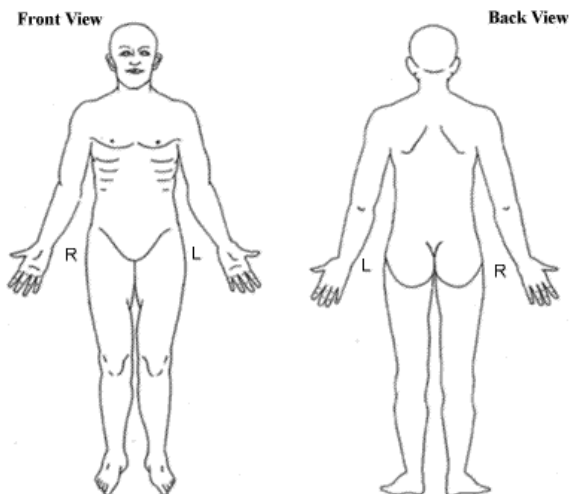
CARE MOUNTAIN INCIDENT REPORT

Any incident must be reported immediately to the Care Mountain. The report must be filled out and signed immediately after the incident and brought or faxed to the office **within 24 hours**. Every party involved in the incident will fill out this form.

Client Affected: _____ Date _____ Time _____

Report completed by: _____

Describe Incident in detail and indicate any injury on diagram below:



Action Taken:

Caregiver Signature: _____ Date: _____

After signing the form, email it to the Office Manager. Call and notify the Office Manager about the incidence so the office can follow up and complete the section below.

Admin Follow up:	Category: Check one
_____	Fall <input type="checkbox"/>
_____	Med Error <input type="checkbox"/>
_____	Combative <input type="checkbox"/>
_____	Skin Tear/Bruise <input type="checkbox"/>
_____	Missing Item <input type="checkbox"/>
_____	Other <input type="checkbox"/>
Office Manager/Administrator Signature: _____ Date: _____	