

General Form

Form Response

safety_fob :-

Yes

witnessed_by :-

witness

type_of_incident :-

Treatment,Elopement,other type of inc

completed_position :-

sw developer

notified_resident_name :-

nm

discovered_by :-

discovery

notified_other_date :-

Select Date/Time

incident_date :-

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safety_caution :-

Yes

fire_false_alarm :-

No

informed_of_incident :-

initial_risk_mng_committee :-

initial_assistant_gm :-

fire_alarm_pulled :-

Yes

followUp_findings :-

safety_callbell :-

N/A

discovery_date :-

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witness_name1 :-

witness name 1

fall_assessment :-

fire_personal_injury :-

Yes

notified_other :-

witness_position2 :-

safety_other :-

condition_at_incident :-

Oriented,other condition

initial_other :-

ot

notified_family_doctor :-

doctor

followUp_issue :-

incident_involved :-

Staff,other test,General Manager,other inf of incud

completed_date :-

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fire_property_damage :-

No

followUp_examine_result :-

Yeah

notified_family_doctor_date :-

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followUp_action_plan :-

My action plan

fire_extinguisher_used :-

Yes

ambulation :-

other ambulation

other_witnesses :-

Yes

notified_resident_responsible_party :-

Yes

witness_position1 :-

witness position 1

initial_gm :-

gm

incident_location :-

loc

followUp_possible_solutions :-

witness_name2 :-

notified_resident_date :-

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completed_by :-

R Oza

factual_description :-

Factual

discovery_location :-

loc