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# Hospital Incident Report

## 1. Incident Details

- **Date of Incident:** [Insert Date]
- **Time of Incident:** [Insert Time]
- **Location of Incident:** [Ward/Department/Room Number]
- **Type of Incident:** [e.g., Patient Fall, Medication Error, Equipment Malfunction, etc.]

## 2. Reporter Information

- **Name:** [Full Name]
- **Position/Department:** [Position and Department]
- **Contact Information:** [Phone Number/Email]

## 3. Individuals Involved

- **Patient Name:** [Patient's Full Name]
- **Medical Record Number:** [Insert MRN]
- **Staff Involved:** [Names of staff present during the incident]

## 4. Incident Description

- **What Happened:** [Detailed explanation of the event]
- **Sequence of Events:** [Chronological description]
- **Immediate Response:** [Actions taken, such as notifying a doctor or administering first aid]

## 5. Impact

- **Injuries or Complications:** [Details of any harm to the patient]
- **Operational Disruption:** [Impact on hospital operations]

## 6. Follow-Up Actions

- **Corrective Actions:** [Steps taken to prevent recurrence]
- **Further Notifications:** [Management or external authorities informed]

## 7. Approval and Signatures

- **Reporter's Name:** [Full Name]
- **Signature:** [Signature]
- **Supervisor's Name:** [Full Name]
- **Signature:** [Signature]