

INCIDENT REPORT

Date:

Name of client (Last, First, MI)

Name of facility:
Community Living Care, Inc.

Address:

Address: 115 Vannear Avenue
Greensburg, PA 15601
(724) 836-8747

Phone:

Date of Incident:

Time:

County: Westmoreland

Place Incident
occurred:

Describe in detail exactly what happened and how:

What other persons were involved? (Give names, addresses, telephone #, and extent of involvement in the Incident/Unusual Incident).

Name:
Address:

Name:
Address:

Phone:

Phone:

Name:
Address:

Name:
Address:

Phone:

Phone:

What other persons witnessed the Incident/Unusual Incident:

Name:
Address:

Name:
Address:

Phone:

Phone:

Name:
Address:

Name:
Address:

Phone:

Phone:

Did defective equipment, material furnishings or unsafe conditions contribute to the Incident?
_____ Yes _____ No. If yes: Describe in detail.

If First Aid was administered, describe in detail:

If hospitalized, give name of hospital:

Extent and character of injury, and part of body affected:

If physician was notified, attach physician's statement to this form.

Treatment:

Special instructions, disciplinary action, or corrective changes taken as a result of this Incident:

Additional comments (if any):

Signature of staff person filing report:

Date signed: