

QUALITY ASSURANCE OCCURRENCE REPORT FORM (UPDATED 3/12)

Date of occurrence: _____ Time: _____ AM PM

Location of occurrence: _____ IL AZ

Is this: A laboratory Outdoors Off campus Student housing MWU clinic

Occurrence involved (check box): Student Intern/Resident Faculty/Staff Visitor

Patient Other _____

Did the occurrence involve? (check all that apply) Near miss (could have resulted in injury, but didn't)

An instrument/device. *If so, what instrument/device?* _____

Contact with blood/other bodily fluids.

Exposure to chemical, biological/rDNA, or radioactive material. *If so, what?* _____

An animal bite/scratch/exposure. *If so, what animal?* _____

A fall, slip, or trip.

A motorized vehicle. *If so, a University vehicle?* Yes No Not sure

Brief description of occurrence (state only facts): _____

Was anyone injured? (check one) Yes No None apparent

Name of person injured: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Injury type (check all that apply): Burn Contusion/bruise Cut/stick/abrasion Sprain/Strain

Fracture/dislocation Other: _____

Action taken (check all that apply): Physician contacted Ambulance/EMT called First aid

Dressing Band aid Ice Splint Flush Other: _____

Name of physician/hospital (if applicable): _____

Address/Contact number: _____

Check here if treatment was refused

Witnesses (including phone numbers): _____

Signature of injured party (if possible) _____ Date _____

Name of person completing form _____

Contact Number of person completing form _____

Signature of reviewer _____ Extension _____