

**PATIENT SAFETY INCIDENT - MANAGEMENT & REPORTING FORM**  
**PART I – Initial Report**

**A. Incident particulars (refer to guidance notes for sentinel event and incident codes)**

Enter Incident Code

Date of Incident 

D	D	M	M	Y	Y

Time of Incident 

24 hour clock			
H	H	M	M

Date of reporting 

D	D	M	M	Y	Y

Unit/Dept.  Location where incident happened

Other departments involved (if any)

**B. Patient particulars**

Name  Male  Female  Inpatient  Outpatient

ID/Passport No.  RN No.

Date of admission 

D	D	M	M	Y	Y

  
Date of birth 

D	D	M	M	Y	Y

  
Age

Admission diagnosis

Race  Communication problem with patient? Yes  No

Native language  Language used to communicate

**C. Incident description**

*Provide a brief description of the incident, the people involved (including staff), any harm suffered by patient and any immediate staff response. Please state facts and not opinion.*

People involved: Patient  Family  Staff

Any Harm suffered: No / Yes  If yes, what type of harm: .....

Brief description of the incident:

Immediate correction:

Full name \_\_\_\_\_  
Designation \_\_\_\_\_

*Continue on separate sheet if necessary.*

**PART II – Immediate Supervisor Report (e.g. specialist, consultant, ward/clinic manager, matron)**

**D. Immediate corrective action taken to reduce risk**

*Provide a brief description of any corrective action taken immediately following the incident*

Full Name : \_\_\_\_\_  
Designation : \_\_\_\_\_

Date: \_\_\_\_\_

*Continue on separate sheet if necessary.*

