

Incident Report Form

The Incident Report form is for all employees, students, and guests to report incidents occurred while on campus at The Institute of Allied Healthcare. The form must be filled out immediately and no later than 24 hours after the incident. Submit completed forms to the School Director's office.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT (each person involved must fill out a separate form)			
Full Name: _____	DOB: ___ / ___ / ___		
Home Address: _____	City _____	State _____	Zip _____
Person involved in the incident is a (circle one): Employee Student Guest			
Phone Number: Home () Cell () Work ()			

INFORMATION ABOUT THE INCIDENT	
Date of incident: ___ / ___ / ___	Time of the incident: ___ : ___ am/pm
Were there any injuries? Yes/No If you answered Yes, please list injuries and information on the Accident Report Form also known as IOAH Form-02.	
Was there any damage to property or equipment? Yes/No If you answered yes, please describe the damage and or the name of equipment involved if applicable.	
Location the incident occurred: _____	
Were there any witnesses to the incident? Yes/No If yes, include the name, address, and phone number for each witness below	

Description of the incident? (what happened, factors leading to the event, etc.) Be as specific as possible (attach additional sheets if necessary)?

[Empty box for incident description]

FOR OFFICE USE ONLY

Report received by _____

Date _____

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom