



## Incident Report Form

The Incident Report Form is for all employees, students, and guests to report incidents that 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.

<b>INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT</b> (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:		

<b>INFORMATION ABOUT THE INCIDENT</b>	
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.	
Location the incident occurred:	
Were there any witnesses to the incident? Yes / No If yes, include the name, address, and phone number for <b>each witness</b> below	
(See back for more)	





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

**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

IOAH FORM - 01.2



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