



Safety Reporting System Incident Reporting Downtime Form

For **DOWNTIME USE ONLY**, please use the form below to document any incidents you would normally enter into the Safety Reporting System. Upon completion, please return this form to the Performance Improvement Department to ensure proper event tracking. Additional follow-up requests, if needed, will be made by the Department Manager or Performance Improvement Dept.

Thank you!

General Incident Type (Select One)

- ☐ Anesthesia/Airway ☐ Blood/Blood Products ☐ Complaints ☐ Diagnosis/Treatment ☐ Equipment-Supplies/Facilities
☐ Exposure to Blood/Body Fluids ☐ Fall ☐ ID/Documentation/Consent ☐ Infection Reporting ☐ Injury/Illness
☐ IV/Vascular Access ☐ Laboratory ☐ Medication/Fluid ☐ Professional Conduct/Communication ☐ Radiology
☐ Security/Safety/Emergency Event ☐ Skin/Tissue ☐ Surgery/Procedure ☐ Tube/Drain

Did an Injury Occur?

- ☐ Yes ☐ No ☐ Unknown

Person Type (Select One)

- ☐ Affiliate ☐ Employee ☐ Inpatient ☐ Outpatient ☐ Outpatient/Ambulatory Surgery ☐ Visitor
☐ Location/Person Not Applicable

Person Type Details

FIN (If applicable): _____ MRN (If applicable): _____

Last Name: _____ First Name: _____

Age: _____ Gender: _____ Date of Birth: _____ Admission Date (If applicable): _____

Incident Details

Event Date: _____

Department Where Incident Occurred: _____

Event Time (Military): _____

Specific Location: _____

Facility/Hospital: _____

Witness Name/Relation (If applicable): _____

Specific Event Details

Specific Event Type: _____ Possible Contributing Factors: _____

Immediate Actions Taken: _____ (Cont. on Back if Necessary)

Brief Factual Description (SBAR format) _____

_____ (Cont. on Back if Necessary)

(For Infections ONLY)

Type of HAI / Communicable Disease: _____

Notification Details

Type of Person Notified: _____

Name of Person Notified: _____

Date Notified: _____

Notes: _____