

# SAMPLE VISITOR INCIDENT REPORT

QA DOCUMENT

Facility Name \_\_\_\_\_

## INCIDENT REPORT FORM

*Instructions: This report should be completed for all incidents involving Visitors, Vendors, Volunteers, and other Parties. Incidents involving residents and employees should not be recorded on this incident report form.*

**PLEASE PRINT LEGIBLY**

Check One:  Visitor  Volunteer  \*Vendor  Other

AM  PM

Date of Incident \_\_\_\_\_ Date of Report \_\_\_\_\_ Time \_\_\_\_\_

### INJURED PARTY/PERSON INFORMATION

Person Involved: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Female  Male

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Employer's Address \_\_\_\_\_ Type of Employment \_\_\_\_\_

### INCIDENT INFORMATION

Briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the incident occur? \_\_\_\_\_  
\_\_\_\_\_

List any injuries: \_\_\_\_\_  
\_\_\_\_\_

### WITNESSES

Name (First, M.I. Last) \_\_\_\_\_ Address (Street, City, State, Zip) \_\_\_\_\_ Telephone Number \_\_\_\_\_

1. \_\_\_\_\_  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_

2. \_\_\_\_\_  
Work: \_\_\_\_\_  
Home: \_\_\_\_\_

### ACTION

Was First Aid rendered?  Yes  No If yes, by whom: \_\_\_\_\_  
If Yes, what type of first aid was rendered? \_\_\_\_\_

Signature of Person Completing the Report: \_\_\_\_\_

Signature of Person Involved: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

\*Vendor defined: Lab tech, X-ray tech, therapist, Podiatrist, Home Health, Hospice, Supply delivery, any third party, etc.