

**Appalachian State University
Beaver College of Health Sciences
Department of Nursing
Accident or Injury Event Report**

Part A: Documentation of Specifics Related to the Event

Refer to Accident and Injury Policy and Procedure: This report is to be completed legibly, in detail and with factual information by student and faculty member. Please use additional paper if needed. This form should be submitted to the Director of Compliance within 24 hours of the event. If the event should require remediation with a student, please also complete the *Clinical Event Form*.

1. Date:	Time:	Location:
2. Circle appropriate category for person involved:		
<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Visitor		
3. Name:		DOB:
Address:		Phone Numbers:
4. Detailed statement of facts related to event and description of injury if applicable:		
5. Causative Factors: Please list and describe any causative or contributing factors		
Person		
Equipment		
Other		
6. Description of Immediate Action Taken/Treatment:		
7. Witnesses: Please list information below regarding persons observing/involved in the event		
Name(s):		
Address:		
Phone numbers:		
Relationship to the event:		
8. Notification of Nursing Department and/or Clinical Facility		
Name(s) and position of person(s) notified:		

Date:	Time:	How notified:
Printed Name and Signature of Person Completing Report		Date and Time
Printed Name and Signature of Person Reviewing Report		Date and Time

Part B: Documentation of Investigative Component of the Event

1. Date:	Time:
2. Name of person involved in event:	
3. Name and credentials of person investigating event:	
4. Documentation of calls placed regarding the event:	
a. To whom	
b. Contact information	
c. Synopsis of information gathered	
5. Descriptive documentation of interventions and/or treatment:	
6. Evaluation/Follow-up: Please circle appropriate category(s) and document action/plan below:	
Policy and procedure review Counseling Equipment change Staff discussion Re-education and return demonstration Disciplinary process	
7. Printed Name and Signature of Person Completing Report	Date: