

# ALF INCIDENT REPORT

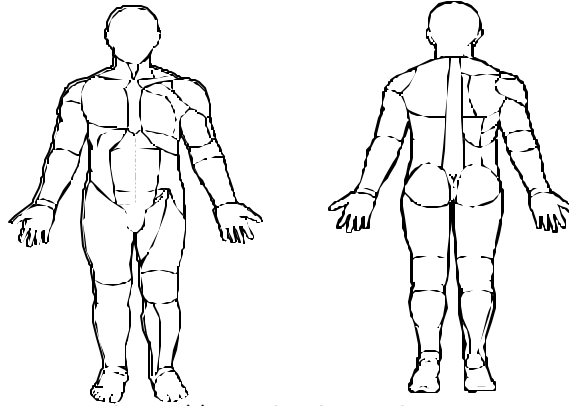
Name of Resident/Staff Involved in Incident \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_  
Nature of Incident: ' Resident/Staff Injury ' Resident Missing ' Death of Resident  
' Assault on Resident ' Fire/Natural Disaster ' Other (specify) \_\_\_\_\_

Exact Location of Incident \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Brief Description of Incident and Circumstances under which Incident Occurred:  
\_\_\_\_\_

## TYPE OF INJURY

[Indicate On Diagram Location of Injury]

Laceration (cut) ' \_\_\_\_\_  
Hematoma (bruise) ' \_\_\_\_\_  
Abrasion (scrape) ' \_\_\_\_\_  
Burn ' \_\_\_\_\_  
Non-Apparent ' \_\_\_\_\_  
Other ' \_\_\_\_\_  
Specify \_\_\_\_\_



Emergency Treatment Given (if any) \_\_\_\_\_

Witness(es) Name \_\_\_\_\_

Phone # \_\_\_\_\_

Employee(s) Involved \_\_\_\_\_

Phone # \_\_\_\_\_

Treated by physician: ' Yes ' No Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Hospital admission: ' Yes ' No Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Individuals notified (Indicate date & time notified): \_\_\_\_\_

' Health Care Provider \_\_\_\_\_ ' Case Manager \_\_\_\_\_  
' Resident Representative \_\_\_\_\_ ' Next-of-Kin \_\_\_\_\_  
' Law Enforcement \_\_\_\_\_ ' Abuse Registry \_\_\_\_\_ ' Other (specify) \_\_\_\_\_

Steps taken to prevent recurrence: \_\_\_\_\_

Prepared By: Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_