

# Hospital Incident Report Log Form Sample

The **hospital incident report log form sample** is an essential tool for documenting unexpected events and ensuring patient safety. It provides a structured format to record incident details, facilitating timely review and corrective action. Proper use of this form helps improve healthcare quality and compliance with regulatory standards.

*Please complete all sections below as thoroughly as possible. Submit this form to the Risk Management Department promptly after any incident.*

Field	Details
Date & Time of Incident	
Department/Unit	
Location of Incident	
Person(s) Involved	
Type of Incident	--Select--
Description of Incident	
Immediate Action Taken	
Witness(es)	
Reported By	
Date/Time Reported	
Supervisor/Manager Notified	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Submit Report**