

Health Incident Record Form Sample

The **health incident record form** sample is a vital document used to systematically capture details of any health-related incidents. It ensures accurate reporting, aids in timely response, and supports compliance with health and safety regulations. Utilizing this form helps maintain a safe and transparent healthcare environment.

Health Incident Record Form

Date of Incident	<input type="text"/>
Time of Incident	<input type="text"/>
Location of Incident	<input type="text"/>
Person(s) Involved	<input type="text"/>
Witness(es)	<input type="text"/>
Description of Incident	<input type="text"/>
Immediate Action Taken	<input type="text"/>
Injury/Illness Details	<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="text"/>
Was medical attention required?	<input type="radio"/> Yes <input type="radio"/> No
Reported By (Name/Signature)	<input type="text"/>
Date Reported	<input type="text"/>

For Office Use Only

Investigation Conducted By	<input type="text"/>
Action(s) Taken	<input type="text"/>
Follow-up Required?	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
Reviewed By	<input type="text"/>
Date Reviewed	<input type="text"/>