

Resident Injury and Accident Report Form

Instructions: Complete all sections of this form as soon as possible following any resident accident or injury. This printed document is for facility records.

1. Resident Information

Resident Full Name:

Room or Apartment Number:

Date of Birth (MM/DD/YYYY):

2. Incident Details

Date of Incident (MM/DD/YYYY):

Time of Incident (e.g., 10:30 AM):

Exact Location of Incident (e.g., Resident room, dining hall, hallway):

3. Description of the Incident

Describe how the accident/injury occurred (Include what the resident was doing):

Names and contact info of any witnesses:

4. Injury Assessment & First Aid

Specific part(s) of the body injured (e.g., left wrist, right temple):

Type of injury suspected (e.g., cut, bruise, fracture, burn):

First aid or treatment rendered at the scene:

Was emergency medical services (911) called? (Enter Yes or No):

Was the resident transferred to a hospital? (Enter Yes or No, and destination if Yes):

5. Notifications

Family/Responsible Party Notified (Name and Relationship):

Date and Time of Family Notification:

Attending Physician Notified (Name):

Date and Time of Physician Notification:

6. Signatures and Authorizations

Name of Staff Member Completing This Report:

Title of Staff Member:

Staff Signature (Sign on printed line):

Date Signed (MM/DD/YYYY):

Supervisor/Administrator Review Signature:

Date Reviewed (MM/DD/YYYY):