OCCURRENCE REPORT

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SECTION A	Please indicate category of report:
ICP Reporter: _____ Today's Date: _____ Occurrence Date: _____ Time: _____ Facility Name: _____ Facility Contact: _____	☐ Informational ☐ Customer Concern ☐ Med. Error ☐ Equipment ☐ Safety/Security ☐ Policy / Procedure ☐ Employee Injury / Accident (Include Section C or D)

SECTION B
Occurrence Description

Description (customer concern, information, injury, or other pertinent information):

What improvements can be made to prevent a similar occurrence?

SECTION C: Complete in the event of an exposure incident	**SECTION D:** Complete in the event of accident / injury
Employee: _____ ☐ Needle stick ☐ other _____ Exposure to bodily fluid / hazardous materials: ☐Yes ☐No	Employee seen by a Physician? ☐ Yes ☐ No If yes, forward information to HR.
HR Office Use Only: Follow up completed ☐Yes ☐No	HR Office Use Only: Follow up completed ☐Yes ☐No

Corrective action taken:

Responsible Supervisor:	**Date:**

ICP Reporter Review: Date:

Customer Service Office Use: Supervisor _____ Date: _____ Tracking # _____

(Forward to Customer Service Representative)

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Additional Information: _____