



# Calgary Progressive Lifestyles Foundation

Providing Services for Citizens with DisAbilities

## Incident Report Form

Incident Details: (Please Print)					
Employee Name:			Client Name(s):		
Service Area: Community Access <input type="checkbox"/>		Residential <input type="checkbox"/>			
Incident Date:		Time of Incident:			
Report Date:		Time Reported:			
Reported to (Manager / Supervisor / Afternoon House Emergency Line):					
Location of Incident:					
Description of Incident (attach additional pages as necessary):					
Witnesses: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide names below)					
Witness Names:					
First Aid: <input type="checkbox"/> No <input type="checkbox"/> Yes (First Aider to fill out information below)					
Name of First Aider:					
First Aid Provided:					
Risk Assessment					
Frequency:		Severity:		Probability:	
<input type="checkbox"/> 4	Often; one or more times each day	<input type="checkbox"/> 4	Catastrophic (serious injury/death)	<input type="checkbox"/> 4	Will very likely occur (expected to happen)
<input type="checkbox"/> 3	Frequently; one or more times a week.	<input type="checkbox"/> 3	Critical (probability high for medical aid, serious injury/illness/damage)	<input type="checkbox"/> 3	Could probably occur (has better than 50/50 chance of happening)
<input type="checkbox"/> 2	Occasionally; one or more times a month	<input type="checkbox"/> 2	Marginal (first aid type injury, minor illness/damage)	<input type="checkbox"/> 2	Possibility of occurring (known to have happened)
<input type="checkbox"/> 1	Rarely; less than once per month	<input type="checkbox"/> 1	Negligible (injury/illness/damage not likely to occur)	<input type="checkbox"/> 1	Practically impossible to occur (1:1000,000)
Risk Critically Ranking (3 to 12 from least to most hazardous):					
Type of Incident:					
<input type="checkbox"/> Missing (AWOL)		<input type="checkbox"/> Verbal Threats:		<input type="checkbox"/> Physical Threats:	
<input type="checkbox"/> Medication Error		<input type="checkbox"/> To Property		<input type="checkbox"/> To Property	

