BURGER REHABILITATION SYSTEMS, INC./BURGER ASSOCIATES INC.

Unusual Occurrence CONFIDENTIAL Report

An Unusual Occurrence or incident is defined as an accident or situation which may or does result in injury to patients, or visitors, or a variance from standard policy or procedure.

Please Print Legibly- Upon completion, submit report ONLY to Burger Risk Mgt.

fax to 916-983-5932

If you have questions about how to complete this report, call 1-800-597-5627

Facility where incident occurred: _____ **Date of Occurrence:**_____ **Time** _____**AM/PM**

Where did incident occur? (e.g. patient room, hallway, gym, etc.)_____

Patient Name:_____ **Rm#** _____

Attending Physician of Patient: _____ **Principal Treatment Diagnosis:** _____

Visitor Name: _____ **PH#** _____**Address**_____

Why was visitor(s) on premises? _____

INCIDENT FACTS – Describe incident in full (add an additional sheet if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Who did you notify regarding incident:_____

Any Witnesses: _____ **Address:** _____ **PH #:** _____

Employee Name (Print): _____**Employee Signature** _____**Date:** _____

Supervisor Actions: _____

Supervisor Signature: _____**Date:** _____

Risk Management:_____**Date:** _____