MHR
TRUSTED SOURCE FOR TALENT

NEAR MISS/ ADVERSE EVENT REPORT

A. Type of Event					
Near Miss	Adverse Event	AE Level 1 AE Level 3	AE Level 2 AE Level 4	Public Liability	Professional Indemnity

B. Categories of Safety Events						
Clinical	Behaviour	Blood & Blood Products	Complaints	Falls	Hospital Acquired Infection	Informed Consent
	Medication / Intravenous Fluids	Obstetric Related	Peri-Operative	Procedural Problems	Skin Related	Other
Non Clinical	Accident / Occupational Health	Behaviour	Buildings	Complaints	Security	Uniform

C. Event Details					
Date:		Time:	:	Site of event:	

Person Affected			
Personnel	Patient	Visitor	Other:

D. Details of Person Affected				
Full name:			Male	Female
Home address:	Postal code:		Contact no:	
Job title:			Unit / Dept:	

E. Details of Event

© MHR

Details of Event

F. Interventions					
Did the injured person receive medical attention	Yes	No	NA		
If yes, circle appropriate action	Seen by medical practitioner	Referred to emergency unit	Admitted to hospital	Referred to OCC health	Other

G. Witnesses

H. People Notified					
Head of Department:	No	Yes	Date:	Time: ____:____	NA
MHR:	No	Yes	Date:	Time: ____:____	NA

I. Initial Grading (Make judgment about the actual/potential impact and likelihood of reoccurrence of event)					
Impact	1. Insignificant	2. Low	3. Moderate	4. Severe	5. Extreme
Likelihood	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost certain

J. Report Completed by:					
Full name:		Job title:			
Department:		Phone number:			
Signature:		Date:		Time:	: