

NEAR MISS/ADVERSE EVENT REPORT

PLEASE TICK THE APPROPRIATE OPTIONS AND COMPLETE ALL THE REQUIRED SECTIONS

A. EVENT DET	AILS												
Client:							D	ate:					
Department/Unit:							Т	ime:	:_				
B. PERSON AFFECTED (Person harmed/almost harmed) (Tick appropriate box and complete relevant sections)													
Patient	Name:												
Personnel	Name:												
Doctor	Name:			Contact No.									
Visitor	Name:			(Obtain from Client or									
Contractor	Name:			Client to complete - If									
Other	Name:			applicable)									
C. PANEL MEMBER INVOLVED													
Panel Member Na	numbe	r:											
D. SUMMARY OF THE EVENT (Provide a brief summary of what happened, as well as immediate action(s) taken)													

D. SUMMARY OF THE EVENT CONTINUE																	
E. WITNES	SES (Inc	lude Na	me, S	urnam	e and	d Job	title	e)									
F. PEOPLE	NOTIFIE	:n															
	Yes	$\overline{\Box}$	No	一	1	Date:						Tim	ne.				
rioda el Boparanioni (enem)			Yes		No		-	Date:						Time:			
G. REPOR					-	Date.						Time:		·			
Name and Su			J1.						Job title	e:							
Department:								Phone number:									
Signature:									Date:					Time:		:	
FOR COMPLETION BY MHR BRANCH MANAGER																	
H. EVENT CLASSIFICATION Near Miss [Adverse E			vent Seriou		s Adverse Event			Never Event				
I. CATEGO	RY OF E	/ENT (T	ick co	orrect	categ	jory a	nd c	circle co	orrect ev	/ent	t desci	ription)					
Clinical	Behaviour		Blood and Blood Products			Complaints			Falls			Equipment			Informed Consent		
	Medication Related		Obstetric Related			Peri-Operative			Procedural Problems			Skin Related			Other:		
Non- Clinical	Unifo	orm	Behaviour			Buildings			Complaints		Security			Accident/ Occupational Health			
	Equip	lipment Not on Duty				Procedural Problems			Other:					_			
J. REPORT TO LEGAL DEPT. Yes No Name: Date:																	
K. ACTIONS TAKEN																	
																	