

Ardmore Enterprises, Inc.

INCIDENT REPORT ~ ABC DATA

*Person 1: _____ NR LV1 LV2 LV3
*Person 2: _____ NR LV1 LV2 LV3
Date of Incident: _____ Time: _____ AM PM Location: _____

* Check appropriate level for each individual involved for incidents that involve more than 1 person.

Type of incident (Check all that apply)

Behavior Related	Check box below if BPS Technique used	Injury/Medically Related	Other Types
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/>	<input type="checkbox"/> Medical Emergency [911]	<input type="checkbox"/> Suspected Abuse or Neglect
<input type="checkbox"/> Verbal Aggression	Technique Used: _____	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Theft
<input type="checkbox"/> Self-Injurious Behavior		<input type="checkbox"/> Blood Exposure	<input type="checkbox"/> Police or Fire Services
<input type="checkbox"/> Property Damage		<input type="checkbox"/> Medication Error/Omission	<input type="checkbox"/> Death
<input type="checkbox"/> Sexual Offense	Technique in BP?		<input type="checkbox"/> Vehicle Accident
<input type="checkbox"/> Elopement	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other: _____

Similar incident occurred before? No Yes
If so, is there a written Behavior Plan or Plan of Care? No Yes Was it followed? No Yes

1. What was happening just before the incident occurred; include activity & all others present (initials only for clients):

2. Describe the behavior/incident in detail, avoiding subjective terms or conclusions:

3. How did the situation end?

Notifications (Check all that apply) Write names of people on line and place your initials next to who you contacted

Supervisor: _____ Nurse: _____ Quality Assurance
 Director: _____ Behavior Specialist Police/Fire Dept.

Signature of Reporter: _____ Title: _____ Date: _____

***** Office Use Only (Administrator Use Only) *****

Incident Level (check only one) **Please be mindful that all investigations need to be completed in 21 working days.**

- NR (Not Reportable/no investigation or review needed) report goes to person's file
- Level 1 (Review) i.e. approved restraint in Behavior Plan)
- Level 2 (Appendix 7 required)
- Level 3 (Appendix 4 & Appendix 7 "21-Day" required) Report to OHCQ, DDA, MDLC, etc.)

Signature of Supervisor: _____ Title: _____ Date: _____