

University of Pittsburgh School of Nursing

Health Incident Report Form

This form should be completed by both the student and faculty member within 24 hours after an incident occurs; and should be submitted to the Associate Dean for Clinical Education (or designee). [See Policy #302.](#)

Today's Date: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name and status of individual who experiences the incident (student or faculty member):

\_\_\_\_\_

**Student level:** Undergraduate: \_\_\_ 1<sup>st</sup> year; \_\_\_ 2<sup>nd</sup> year; \_\_\_ 3<sup>rd</sup> year; \_\_\_ 4<sup>th</sup> year  
Accelerated 2<sup>nd</sup> Degree: \_\_\_ Term 1; \_\_\_ Term 2; \_\_\_ Term 3  
Graduate: \_\_\_ MSN \_\_\_ DNP \_\_\_ PhD

Instructor's Name: \_\_\_\_\_

1. Briefly describe the incident (who was involved, who was present, who was notified, what happened, when, where).
2. Was the student or faculty member wearing gloves at the time of the incident? Yes  No  N/A
3. Was the student or faculty member wearing goggles, a face shield, or a face shield mask at the time of the incident? Yes  No  N/A
4. List the name, address and phone number of all witnesses.
5. List any testing/treatment that was/has been provided.
6. Identify any follow-up which is planned or which was recommended.
7. How might this incident have been prevented?

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

Faculty signature: \_\_\_\_\_ Date \_\_\_\_\_

Date

Received by:

Received in Dean's Office:            / /            \_\_\_\_\_  
Faxed to Risk Management:           / /            \_\_\_\_\_  
Forwarded to Student Services       / /            \_\_\_\_\_  
Copy to Student File                   / /            \_\_\_\_\_

*[Please use the back of this form if more space is needed.]*