

Public Incident Review Report – Investigation Form

Name of person injured: _____

Date of incident: _____

Witness/First person on the scene: _____

Time of incident: _____

Location of incident: _____

Please give a brief summary of the incident you witnessed. _____

What was the individual doing at the time of the incident? _____

Did this person appear to be injured?

Yes

No

N/A

If the answer is **yes**, describe the nature of the injuries:

Was an ambulance offered to the person?

Yes

No

N/A

If an ambulance was offered, what was the person's response?

Please list any witnesses: _____ N/A

Were there any caution or safety warnings posted?

Yes

No

N/A

If the answer is yes, please explain.

Were there any obvious safety hazards that contributed to this incident? YES NO N/A
If the answer is **yes**, please explain.

Were there housekeeping or environmental problems? (i.e. Burnt out light bulbs in stairwell, hoses left on floor, etc.) Yes No N/A
If the answer is **yes**, what?

Were immediate corrective steps taken to address causes? Yes No N/A
If the answer is **yes**, what actions were taken?

If the answer is **no**, why not?

Any recommendations for long-term corrections? Yes No N/A

PLEASE ATTACH ANY PHOTOS AND/OR WITNESS STATEMENTS TO THIS FORM. ANY FOLLOW-UP ACTION(S) MUST ALSO BE ATTACHED TO THIS FORM.

Signature of First Person on Scene/Witness

Date

Signature of Other Witness

Date

Updated 3/1/2020