Klarstig

Healthcare & Wellness Safety Incident Report

Record the facts of an incident as soon as practical. Separate what you directly observed from information reported by others.

Contact and reference

Organization using this document

Your name or contact reference *

Email for a reply if needed

Information for this document

Date of incident *

Time and time zone

Location *

What happened in chronological order *

People property or operations affected *

Immediate action already taken *

Witnesses or evidence references

Unresolved concerns and follow up needed

Specific details

Work area task or safety procedure concerned

Complete when relevant to this request.

Observed hazards existing safeguards and escalation contact

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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