Facility: ____________________________________________ License #: ________________

Event Detail: Date: ________________ Time: __________ Location: __________________

Event Involved:  □ Mother  □ Newborn  □ On-duty Employee  □ Premises

Event Type:  □ Stillbirth  □ Death  □ Intentional Injury  □ Unintentional Injury
            □ Fire  □ Other Damage Impacting Safety
            □ Other ________________________________________________________

Facts of the Event:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Actions Taken:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Measure Taken to Mitigate Risk or Provide Protection:
_____________________________________________________________________________________
_____________________________________________________________________________________

Witnesses to the event: (Provide full names and include separate reports, as indicated)
_____________________________________________________________________________________
_____________________________________________________________________________________

Authorities to Which Event Was Reported: (Agency and Date of Report(s))
_____________________________________________________________________________________

Email Contact #: ____________________________________________

Submitted by—Printed Name