



Incident Report

Name of the person affected by this incident _____

Date of the incident _____ *Time* _____ *AM or PM*

Type of incident: ____ *Client Fall* ____ *Client Property Damage*

 ____ *Client Injury*

 ____ *Employee Injury* ____ *Employee Property Damage*

Describe the incident (Please Print) _____

Responsible person notified (Parent, spouse, etc) _____

Supervising RN Notified, if client incident _____

CareFree Management notified, if employee incident _____

Name of person completing form (Print) _____

Signature of person completing form _____

THIS FORM IS TO BE TURNED IN TO CAREFREE IMMEDIATELY!