

Incident report and follow up record

For Arizona assisted living homes with 10 or fewer residents. Attend to immediate safety and care first. Record facts, observations and attributed statements. Separate what you observed from information reported by others.

Facility name**Incident ID****Event date and time****Discovered date and time if different****Resident or person involved****Location****Incident category****Reported by and role****Report prepared date and time****Immediate safety concerns****What happened including sequence of events and relevant conditions****Witnesses and attributed accounts including names and roles****Immediate response including who acted what was done and when****Observed injury or change in condition including body location and time**

Continue on page 3 or attach dated pages labeled with the incident ID. Record unknown or not applicable where appropriate. Do not delay emergency assistance or an outside report while completing this form.

Incident report and follow up record continued

Facility name

Incident ID and event date

Condition and care

Optional vitals: Record only measurements actually obtained within the person's role and training. Include time, units and observer. This form is not a treatment protocol.

Time and observer

BP in mmHg

Pulse in beats per minute

Temperature and unit

Respirations per minute

Oxygen saturation percent

Care or medical response including instructions source time and disposition

Notifications and contacts

Record each attempt and outcome, including resident representative, clinician, manager or agency as applicable. Use an attachment if more space is needed.

Person or agency and role	Date time and method	Response or next step	By

Outside reporting assessment

Select one ☐ Assessment pending ☐ Report required ☐ Not required

Decision made by and role

Decision date and time

Decision rationale including applicable requirement and agency

Report due date and time or reassessment due

Responsible person

Submission evidence including agency method date time and confirmation or reference

This internal record does not prove an outside report was submitted. Check all applicable reporting duties separately; retain submission confirmation or document attempts and follow up. A pending assessment does not extend any reporting deadline.

Incident report and follow up record continued

Facility name

Incident ID and event date

Review and prevention

Contributing factors supported by facts and items still to be verified

Prevention or follow up action	Owner	Due date	Completion and outcome

Service plan review select one ☐ Needed ☐ Not needed ☐ Assessment pending

Review owner and target date

Completed date or reference

Manager review findings remaining concerns and follow up status

Additional narrative or continuation

Include date time author and the section being continued

Report preparer name and signature

Date and time

Manager name and signature

Review date and time

Record status and next review date

Attached pages or evidence references

Use and privacy: Keep completed records and supporting evidence secure. Share only with authorized recipients. Use a form capable PDF reader, save and reopen to check entries, and attach dated pages if needed. Signature lines are for the facility's approved signing process.

Use note: Educational template. This template does not certify compliance, determine reportability or replace facility procedures. Confirm current requirements before use.