INCIDENT REPORT FORM HR-430

Please refer to the list below to find the type of incident that has occurred and the procedure that must be followed. Please check each one that applies and complete the appropriate section on the form.

Check all that apply and complete the appropriate section(s):

- ☐ General Insurance Information -> Section A (complete for all incidents)
- ☐ Property Damage involving a Vehicle -> Section B
- ☐ Any incident involving property theft -> Section C

Report completed by: _____

Signature: _____

Date: _____

Section A – General Insurance Information				
Location of Incident:				
Property/Community Name:				
Address:				
Date of Incident:		**Time of Incident:**	☐ **AM** ☐ **PM**	
Attachments	☐ Pictures	☐ Fire Report	☐ Work Orders	
	☐ Video	☐ Police Report	☐ Other:	
Describe the incident that occurred:				
Name(s) of any person involved & contact information:				
Name(s) and contact information of any witnesses:				
Analysis (What Acts and/or conditions contributed to the incident?				
Corrective Action (What actions have or will be taken to prevent reoccurrence):				

INCIDENT REPORT FORM HR-430

Was a Non-NHE employee injured? If yes, complete below:

Injury or incident involving non-NHE employee (Vendor, Visitor, Resident)			
Injured Person's Name:			
Address:			
Phone number:			
Client Injured by:	☐ Self-Inflicted	☐ Staff Member	☐ Other:
Incident Occurred:	☐ Entering Facility	☐ Inside of Facility	☐ While Exercising
	☐ Exiting Facility	☐ Outside of Facility	☐ Other:
Specific Area Where Incident Occurred:			
Type of Injury:	☐ Abrasion/Scratch	☐ Fracture/Break	☐ Sprain/strain
	☐ Contusion/bruise	☐ Laceration/cut	☐ Other:
Action Taken:	☐ None	☐ First aid treated by Staff	☐ Other:
	☐ Referred to Doctor	☐ Referred to nurse	☐ Transported to Hospital
	Doctor's Name:	Nurse's Name:	Name of Hospital:
	Person Notified:	Time Notified:	☐ AM ☐ PM
Treatment Provided:	☐ None	☐ First Aid	☐ Medical Office Visit
	☐ Emergency Room/Outpatient	☐ Inpatient services	☐ Other:
Part of body injured:	☐ Abdomen	☐ Eye	☐ Leg
	☐ Arm	☐ Foot/toes/ankle	☐ Mouth/teeth
	☐ Back	☐ Hand/fingers	☐ Neck
	☐ Chest	☐ Head/skull	☐ Nose
	☐ Ear	☐ Knee	☐ Other:
Attachments	☐ Pictures	☐ Fire Report	☐ Work Orders
	☐ Video	☐ Police Report	☐ Other:

Email completed form to the Regional Manager, VP of Business Unit, and VP of Operations.

INCIDENT REPORT FORM HR-430

Section B – Property Damage involving a Vehicle			
Vehicle Owner Name:		**License Plate Number:**	
Address:		**Vehicle Make:**	
Phone number:		**Vehicle Model:**	
Vehicle Year:		**Vehicle Color:**	
Insurance Company:		**Policy Number:**	
Insurance Agent:		**Agent Contact Info:**	
Vehicle Driver Name: *(if different than owner)*		**Driver Contact Info:**	

Section C – Property Theft			
Date of Incident:		**Time of Incident:**	☐ **AM** ☐ **PM**
Location of Incident: *(if location is vehicle, complete section B)*			
Describe the incident that occurred:			
List of stolen items (attach list if needed):			
Police Report?	**NO** ☐	**YES** ☐	*attach a copy*
Any pictures or videos from the Incident?	**NO** ☐	**YES** ☐	*attach a copy*
Any damage to property as a result of the incident?	**NO** ☐	**YES** ☐	*if yes, complete section A*

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Form Revision 11/2019