

Incident and Adverse Event Report Form

MedSpaBinder

Clinic _____ Date and time of incident _____ Location in clinic _____

Complete the same day. For a needlestick or blood exposure, follow your exposure control plan first.

Type of incident

- | | | |
|--|---|--|
| ☐ Adverse reaction to treatment | ☐ Suspected vascular occlusion | ☐ Allergic reaction / anaphylaxis |
| ☐ Burn or skin injury | ☐ Needlestick / blood exposure | ☐ Fall or injury on premises |
| ☐ Medication or product error | ☐ Device or equipment failure | ☐ Other: |

Person affected

- | | | |
|--|---------------------------------------|----------------------------------|
| ☐ Patient (use chart #) | ☐ Staff member | ☐ Visitor |
|--|---------------------------------------|----------------------------------|

Name or chart # _____ Staff involved _____

Treatment or task being done _____ Product / device and lot # _____

What happened (facts only, in order)

Immediate actions taken

Medical director notified (name, time) _____ Emergency services called? (time) _____

Follow-up arranged for the person affected _____ Reported to manufacturer / FDA MedWatch (date) _____

Follow-up, outcome and changes made

Completed by (name, signature) _____ Date _____

Reviewed by medical director _____ Date _____