OCCURRENCE REPORT
Brandon University (BU)
Faculty of Health Studies (FHS)

Name of person completing report: _____ Designation _____

Name of Course: _____

Location of Occurrence: ☐ BRHC Program/Unit: _____ ☐ Other: _____

When did this happen?

Date of event: _____/____/____ (YYYY MM DD) Time of Event: _____ (24 hour clock)

☐ Day
☐ Evening
☐ Night

Category: (hover over each category for description/click to read policy)

☐ Close Call ☐ Occurrence ☐ Critical Incident

Select the Appropriate Type of Occurrence

A) ☐ **Medication**

Name of Medication Involved: _____ Dose: _____ Route: _____ Frequency: _____

B) ☐ **Other (including falls)** _____

Descriptive Report

***Description of the Incident*:**

Why do you think this happened? *Identify specific factors that contributed to the incident. For medication errors, include a focus on performance of the medication rights and processes.*

What was the possible outcome(s) of your actions on client/family, team and yourself?

What could be done to prevent this event from happening again? *Consider student's practice, changes in facility and other.*

CLINICAL INSTRUCTOR/FACULTY ADVISOR COMMENTS:

Provide additional information and actions applicable to the situation:

Reviewed By:	**Signature:**	**Date Reviewed:** YYYY/MM/DD
Clinical Instructor/Faculty Advisor		
Course Faculty		
Department Chair (occurrences or critical incidents)		
Dean (for critical incidents)		

This document contains confidential information and is intended for quality improvement and CRNM reporting purposes.