

OCCURRENCE REPORT Brandon University (BU) Faculty of Health Studies (FHS)	Name of person completing report: _____ Designation _____
	Name of Course: _____

Location of Occurrence:	<input type="checkbox"/> BRHC	Program/Unit: _____	<input type="checkbox"/> Other: _____
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When did this happen? Date of event: ____/____/____ YYYY MM DD	Time of Event: _____ (24 hour clock)	<input type="checkbox"/> Day
		<input type="checkbox"/> Evening
		<input type="checkbox"/> 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)		