

**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:*

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