



705.0A INTERNAL INCIDENT REPORT

<p>General Information</p>	<p>Date of Incident: ___ / ___ / ___ <small>D M Y</small></p> <p>Time of Incident: _____ am / pm</p> <p>Exact Location of Incident: _____</p> <p>Name of Person Reporting (print): _____</p>	<p>Program:</p> <p>SLP: <input type="checkbox"/> Kerrstead <input type="checkbox"/> Loraine <input type="checkbox"/> NGW <input type="checkbox"/> Quinton <input type="checkbox"/> Shone <input type="checkbox"/> Wilding Way</p> <p>ILP: <input type="checkbox"/> Ranch <input type="checkbox"/> 23rd <input type="checkbox"/> Gordon <input type="checkbox"/> Rufus <input type="checkbox"/> Kilmer</p> <p><input type="checkbox"/> CBS <input type="checkbox"/> Infant Development <input type="checkbox"/> S.T.A.G.E. <input type="checkbox"/> Administration Office</p>
<p>Person(s) Involved</p>	<p>Name of Person(s) Involved in Incident (please print):</p> <p>1. _____ <input type="checkbox"/> PWS <input type="checkbox"/> Staff <input type="checkbox"/> Visitor</p> <p>2. _____ <input type="checkbox"/> PWS <input type="checkbox"/> Staff <input type="checkbox"/> Visitor</p> <p>3. _____ <input type="checkbox"/> PWS <input type="checkbox"/> Staff <input type="checkbox"/> Visitor</p> <p>Other: _____</p>	
<p>Type of Incident</p>	<p><input type="checkbox"/> Medication - <i>Culpable</i> <input type="checkbox"/> People we Support <input type="checkbox"/> Critical (<i>not for use by SLP</i>)</p> <p><input type="checkbox"/> Medication - <i>Non-Culpable</i> <input type="checkbox"/> Vehicle <input type="checkbox"/> Property</p> <p><input type="checkbox"/> Staff Non-Injury (<i>not for WORK related injuries</i>) <input type="checkbox"/> Maintenance</p> <p>Other: _____</p>	
<p>Description of Incident</p>	<p>What happened (in chronological order, answering What, Where, Who and How). Attach additional information if required.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Notification</p>	<p>Action taken (check (✓) as many boxes as applicable):</p> <p><input type="checkbox"/> Police <input type="checkbox"/> Doctor <input type="checkbox"/> Program Manager <input type="checkbox"/> Funders</p> <p><input type="checkbox"/> Fire Dept. <input type="checkbox"/> Poison Control <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Licensing</p> <p><input type="checkbox"/> Ambulance <input type="checkbox"/> Nurse <input type="checkbox"/> ICBC <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Parent (<i>for use by Teen, Pre Teen and Children Programs</i>)</p>	



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<p>Statement Obtained by Witnesses (please attach additional information if required)</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Witness Name: _____ <div style="display: flex; justify-content: space-around;"> (Please print) (Witness signature) </div>																
<p>Outcome or Status</p>	<hr/> <hr/> <hr/> <hr/>																
<p>Recommendation(s)</p>	<p>Complete Feedback/Recommendation Form 444.0A and submit to the Executive Director Contracted Services or specify other. Forms are located at all program sites or may be requested from the Program Manager or their designate.</p>																
<p>Original to</p>	<p>For Database Entry: (check (✓) applicable box only) <input type="checkbox"/> CBS Admin Assistant <input type="checkbox"/> SDWT Admin Assistant <input type="checkbox"/> Office Administrator</p> <p>Database ID #: _____ Database Entry Date: ____/____/____ <div style="display: flex; justify-content: flex-end; gap: 20px;"> D M Y </div></p>																
<p>Copied to</p>	<p>(Check (✓) all applicable boxes)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Program Manager</td> <td><input type="checkbox"/> Dir. of Residential Services</td> <td><input type="checkbox"/> Dir. of CBS</td> </tr> <tr> <td><input type="checkbox"/> Dir. of Finance</td> <td><input type="checkbox"/> Dir. of Human Resources</td> <td><input type="checkbox"/> EDCS</td> </tr> <tr> <td><input type="checkbox"/> EDI&AS</td> <td><input type="checkbox"/> PWS File</td> <td><input type="checkbox"/> Employee File</td> </tr> <tr> <td><input type="checkbox"/> Van File</td> <td><input type="checkbox"/> OH&SC Chair</td> <td><input type="checkbox"/> Program File</td> </tr> <tr> <td><input type="checkbox"/> NSDRC Program File</td> <td><input type="checkbox"/> Maintenance Committee</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Program Manager	<input type="checkbox"/> Dir. of Residential Services	<input type="checkbox"/> Dir. of CBS	<input type="checkbox"/> Dir. of Finance	<input type="checkbox"/> Dir. of Human Resources	<input type="checkbox"/> EDCS	<input type="checkbox"/> EDI&AS	<input type="checkbox"/> PWS File	<input type="checkbox"/> Employee File	<input type="checkbox"/> Van File	<input type="checkbox"/> OH&SC Chair	<input type="checkbox"/> Program File	<input type="checkbox"/> NSDRC Program File	<input type="checkbox"/> Maintenance Committee	<input type="checkbox"/> Other: _____
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<p>Received and Distributed by</p>	<p>Name (print): _____ Signature: _____</p>	<p>Position: _____ Date: ____/____/____ <div style="display: flex; justify-content: flex-end; gap: 20px;"> D M Y </div></p>															