Data Collection for Event: Other

Other Event Information

Event Type

(Please Choose 1): ○ **Health**

   ○ Illness

   ○ Hospital

     ○ Admission   ○ ER w/o admission

○ **Behavior**

   ○ Alcohol/Drug Abuse

   ○ Property Damage

   ○ Behavioral Issue

   ○ PRN/Psychotropic Use

   ○ Assault

     ○ Aggressor   ○ Victim

   ○ Suicide

     ○ Attempt   ○ Threat

○ **General**

   ○ Communication

   ○ Potential Incident/Near Miss

   ○ Accident no apparent injury

   ○ Fire

     ○ Caused by Individual

     ○ Accidental/Cause Unknown

     ○ False Alarm/Equipment Failure

   ○ Theft/Larceny Attempt

     ○ Perpetrator   ○ Victim

Other Event Information

Event Time _____:_____ am/pm   **This event was:**   O Observed   O Discovered

Event Summary _____

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Staff Action

Person Notified: Name: _____   Title: _____

Date: _____   Time: _____

Type of Notification: ☐Phone   ☐Left message   ☐In person   ☐If Other_____

Additional Comments:_____

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Signature: _____   **Date**: _____