

Lifeline Healthcare Staffing Incident Report Form

This form should be used to report all workplace incidents (Patient Safety Incidents, Health & Safety Incidents, Data Protection Incidents, Near Miss) and should be completed by the employee and sent to Lifeline within 24 hours of the incident.

Please return this form via email to info@lifelinemedstaffing.com

Employee Name: _____

Phone Number & Email: _____

Job Title: _____

Incident Information

Date & Time of Incident: _____

Specific Location of Incident: _____

Facility Address: _____

Description of Incident: _____

Was medical attention required? _____

Where, to who, what time, and how was the incident reported? _____

Any additional information? _____

Employee Signature _____ Date _____