

1. Who received injury? (select one)
 - Patient
 - Visitor
 - Student
 - Faculty
 - Staff
 - Other
2. Gender (select one):
 - Male
 - Female
 - Unknown
3. English is predominant language (select one):
 - Yes
 - No
 - Unknown
4. Status of patient/individual (select one):
 - Harm
 - No harm
 - Death
 - Other
5. Age (select one):
 - <15
 - 15-20
 - 21-25
 - 26-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - 51-55
 - 56+
 - Unknown
6. Date (enter date of occurrence using the following format): mm/dd/yyyy
7. Time (enter time of occurrence): _____
8. Category of occurrence (select one):
 - Error [Defined as: Incident or occurrence that had the potential to place a patient at risk for harm or resulted in actual harm]
 - Near miss [Defined as: An event or situation that could have resulted in an accident, injury, or illness, but did not, whether by chance or through timely intervention. (Ebright et al., 2004)]
9. Type of occurrence (select one):
 - Medication Error
 - Needle stick
 - Inadequate preparation for providing patient care
 - Blood/pathogen exposure
 - Fall event
 - Outside scope of practice
 - Injury to body
 - Change in patient condition
 - Deviation in protocols
 - Equipment or medical device malfunction
 - Environmental safety – for self, patient or others
 - Inappropriate or inadequate communication by: Faculty, preceptor, other student, health care team, patient or visitor
 - Breach of confidentiality
 - Other
10. Occurrence description (optional: enter additional details about the unsafe occurrence):

11. Location of occurrence (select one):

- Classroom
- Clinical Setting
- Simulation Lab
- Learning Lab
- Other

12. Who is completing the report (select one):

- Faculty
- Student/Faculty Dyad
- Other (preceptor, etc.)

13. Who is alerted (select one):

- Faculty
- School of Nursing (SON) Administration
- Patient/Family
- Other
- Unknown

14. Inform clinical agency (select one):

- Yes
- No
- Unknown
- N/A

15. Agency occurrence report completed (select one):

- Yes
- No
- Unknown
- N/A

16. Changes occurring as a result of occurrence (select one):

- System Changes
- Policy Changes
- Practice Changes
- Curriculum Changes
- Nothing at Present

17. Follow up actions (optional: enter additional details about any follow up action)

18. Current semester or quarter number (enter number between 1-16): _____

19. Total number of semesters or quarters in program (enter number between 1-16): _____

20. Student age (select one):

- 15-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56+
- Unknown

21. Type of program (select one):

- LPN
- Associate
- Diploma
- BSN
- 2nd Degree BSN
- Masters – Non-APRN
- Masters – APRN

22. Do you wish to share anything else relevant to this report? (optional: enter any additional comments)