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MEDICAL TREATMENT FACILITY INCIDENT STATEMENT

OMB No. 0701-0135
Expires: 9-30-97

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302; and to OMB, Paperwork Reduction Project (0701-0135), Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Return your completed form to your Supervisor.

MEDICAL FACILITY ADDRESS	INCIDENT NUMBER

1. INCIDENT DATA

TYPE	DATE	TIME	LOCATION

2. PERSONAL DATA

PERSON (Last, First, Middle Initial)	SEX: ☐ M ☐ F	RANK/GRADE	DOB

STATUS	SSN	ORGANIZATION

SPONSOR (Name and Grade)	RELATIONSHIP TO SPONSOR

ADDRESS (Street, PO Box, City, State, Zip Code)	PHONE NO.

3. STATUS

☐	MEDICAL PERSONNEL	DEPARTMENT		JOB TITLE
☐	VISITOR/OTHER	REASON FOR BEING IN MEDICAL FACILITY		
☐	INPATIENT	REGISTER NO.	UNIT/CLINIC	REASON FOR HOSPITALIZATION
☐	OUTPATIENT			

4. COMPLETE IF PROPERTY/EQUIPMENT INVOLVED

DESCRIBE PROPERTY/EQUIPMENT

5. COMPLETE IF BED INVOLVED

	YES	NO	UP	DOWN	ORDERED
HEIGHT OF BED ADJUSTABLE	☐	☐	☐	☐	
BED RAILS PRESENT	☐	☐	☐	☐	☐
FOOTSTOOL BY BED	☐	☐			

6. COMPLETE IF MEDICATION INVOLVED (Medicine Administered)

DRUG(s)	☐ ORAL	☐ INJECTION	☐ INTRAVENOUS INFUSION

7. NARRATIVE OF INCIDENT (Give a concise statement of the facts. DO NOT include opinions or conclusions.)

DO NOT FILE OR REFER TO IN MEDICAL RECORDS

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

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8. COMPLETE IF PERSON ATTENDED BY HEALTH CARE PRACTITIONER

WAS PERSON EXAMINED BY PRACTITIONER IN MTF?	DATE	TIME	EXAMINATION LOCATION
☐ YES ☐ NO			

NAME OF EXAMINING PRACTITIONER	☐ NO APPARENT INJURY.	X-RAY ORDERED ☐ YES ☐ NO	☐ EXAMINATION AND TREATMENT REFUSED

NATURE OF INJURY

TREATMENT OR DISPOSITION

9. WITNESS TO INCIDENT

NAME	GRADE	ADDRESS	PHONE NO.

TYPED/PRINTED NAME AND TITLE OF PERSON PREPARING STATEMENT	SIGNATURE	DATE

10. QUALITY SERVICES COMMENTS

11. NURSING SERVICES REVIEW

12. CLINICAL DEPT/SVCS, OTHER REVIEW

13. RISK MANAGER/SAFETY OFFICER REVIEW

14. QA/RM COMMITTEE REVIEW

15. SJA REVIEW