

[organization name]

Appendix 1 – Adverse Event Report

I Basic information on incident			
[Redacted]		[Redacted]	
Place of incident		[Redacted]	
[Redacted]			
Name		[Redacted]	Medical care
[Redacted]		[Redacted]	[Redacted]
[Redacted]		[Redacted]	[Redacted]
Description of injuries		[Redacted]	
[Redacted]		[Redacted]	
[Redacted]			
[Redacted]		[Redacted]	
[Redacted]			
[Redacted]		[Redacted]	
[Redacted]			
[Redacted]	[Redacted]	Verified by:	[Redacted]
Date:	[Redacted]	Date:	[Redacted]
[Redacted]		[Redacted]	
[Redacted]		[Redacted]	

Commented [13A1]: [Redacted]

Commented [13A2]: [Redacted]

Commented [13A3]: E.g., [Redacted]

Commented [13A4]: [Redacted]

Commented [13A5]: [Redacted]

Commented [13A6]: Write in here what corrective actions were taken in order to remove the cause of the incident.