

Appendix 1 – Adverse Event Report

I Basic information on incident			
Short description of incident			
Date and time of incident			
Place of incident			
Incident participants			
Name	Position in department	Reporting unit	
Description of damage to equipment			
II Sequence of events			
III Cause of incident			
IV Corrective actions initiated			
1			
2			
3			
Analyzed by:		Verified by:	
Date:		Date:	
V Corrective actions implemented		VI Corrective actions implemented at the site	
1		1	
2		2	
3		3	

Commented [AES1]: Were there any previous incidents?

Commented [AES2]: Write in here whether medical care was

Commented [AES3]: E.g., type of injury, injured body part,

Commented [AES4]: Describe here the order of events that led

Commented [AES5]: Write in here the root cause of the incident.

Commented [AES6]: Write in here what corrective actions

[organization name]

[job title]

[name]

[signature]

Commented [AES7]: Only necessary if the Procedure for Document and Record Control prescribes that paper documents must be signed.