



**INCIDENT ASSESSMENT FORM**

**SECTION 1: INCIDENT AND PRODUCT DETAILS**

Date of Report ①	Time of incident ② AM PM	Reporters Name ③	Relation: ⑤ <input type="checkbox"/> Product User <input type="checkbox"/> Dealer <input type="checkbox"/> Family/Friend <input type="checkbox"/> Prescriber
Product category ⑦ <input type="checkbox"/> Mobility <input type="checkbox"/> Lift <input type="checkbox"/> Bed <input type="checkbox"/> Chair		Reporters Telephone Number ④	Reporters Email Address (if available) ⑥
Date Event Occurred ⑧	Product ⑨	Serial Number ⑩	

**SECTION 2: USER DETAILS (IF DIFFERENT THAN REPORTER) & DETAILS OF INCIDENT**

Name ⑪	Date of Birth (Age) ⑫	Details of Incident/Event: ⑬
Injury ⑭ <input type="checkbox"/> Yes <input type="checkbox"/> No	Admitted to Hospital ⑮ <input type="checkbox"/> Yes - If so, admittance date: _____ <input type="checkbox"/> No	
Alternate Contact Information (Address, Telephone, Email) ⑯		

**SECTION 3: LIKELIHOOD ASSESSMENT**

⑰ Determine the likelihood of the incident/event re-occurring. RATING

Likelihood	Description
Almost Certain [5]	Recurring, frequent, predictable. Under normal circumstances, this event occurs persistently.
Likely [4]	Happens regularly. Under normal circumstances, this event is likely to occur again.
Possible [3]	Has happened but not frequently or regularly. Under normal circumstances, this event may occur again.
Unlikely [2]	Has happened but rare and unusual. Under normal circumstances, this event is unlikely to occur again.
Rare [1]	Isolated or "one off". Under normal circumstances, this event is not expected to occur again.

**SECTION 4: SEVERITY ASSESSMENT**

⑱ Determine the level of injury RATING   
You would ask "How is the user/how are you?"

Severity	Description	Additional Required Actions
Insignificant/Minor [1]	No harm to user	Record Complaint
Moderate [2]	User has suffered some harm (bruises, minor scrapes)	Record Complaint
Major [3]	User has suffered major harm (hospitalization required)	Notify Management
Catastrophic [4]	User has died	Notify Management

**SECTION 5: PRODUCT ASSESSMENT**

⑲ Determine the status of the product

Severity	Description	Additional Required Actions	Documentation (W/O# or RMA#)
Insignificant/Minor [1]	Product can still be used	Send parts to repair/return to HCC for repair	
Moderate [2]	Unsure of damage	Return to HCC for repair	
Major [3]	Product Cannot be used	Return to HCC / Destroy	

**SECTION 6: MANAGEMENT**

NC Number ⑳	Completed by	Date
----------------	--------------	------