



Incident Audit Form
Accident & Emergency Section

Date of incident: _____

Time of incident: (Please place a [X] in the appropriate box).

Morning 8am -2pm [] Evening 3pm - 9pm [] Night 10pm -7am []

Hospital

Dublin - large acute teaching [] Large acute non-teaching []

Country - large acute teaching [] Large acute non-teaching []

Type of incident (Please place a [X] in the appropriate box).

Verbal [] Physical [] Both verbal & physical []

Assailant (Please place a [X] in the appropriate box).

Male [] Female []

Age Group 16-30 [] 31-50 [] 51-65 [] 65+ []

Status of assailant (Please place a [X] in the appropriate box).

Patient [] Relative []
Visitor [] Staff []

Were the following involved in the incident?
(Please place a [X] in the appropriate box).

Alcohol [] Drugs [] Both alcohol & drugs []

Security.

At time of incident were Security (Please place a [X] in the appropriate box).

Present Yes [] No []
Called Yes [] No []
Gardai called Yes [] No []

Please supply a brief description of the event:

Three horizontal lines for text input.

Were any injuries sustained? Yes [] No []

If yes, nature of injury

Two horizontal lines for text input.

All information gathered is strictly private and confidential, and will be used for statistical analysis only.

Form to be returned to local INMO Representative, and also to INMO Head Office
The Whitworth Building, North Brunswick Street, Dublin 7. Fax: 01-661 0466