



Incident Audit Form Accident & Emergency Section

Date of incident: _____

Time of incident: *(Please place a 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 in the appropriate box).*

Verbal Physical Both verbal & physical

Assailant *(Please place a in the appropriate box).*

Male Female

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

Status of assailant *(Please place a in the appropriate box).*

Patient Relative

Visitor Staff

Were the following involved in the incident?

(Please place a in the appropriate box).

Alcohol Drugs Both alcohol & drugs

Security.

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

Present Yes No

Called Yes No

Gardai called Yes No

Please supply a brief description of the event:

Were any injuries sustained? Yes No

If yes, nature of injury

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