# Dental Office Incident Report
An Incident Report Should Be Filed Within 48 Hours

Reported by: _____ Date of Incident: _____ Date: _____

Dental Office: _____ Name of Supervising Dentist (print): _____

Office Address:  _____

City: _____ Prov: _____ P.C.:_____

Type of Incident: _____

Witnessed: Yes _____   No _____       By: _____  Title: _____

NAME OF CLIENT AND/OR OTHERS INVOLVED: _____

CLASSIFICATION:        Verbal Abuse: _____   Physical Abuse: _____ Treatment Error: _____ Injury: _____

Equipment Error: _____ Unsafe Working Environment: _____ Sharp Injury: _____

Other (specify) _____

TYPE OF INCIDENT: (attach additional sheets as required)

Was the dentist notified:  Yes_____   No _____ Did the dentist examine the patient post incident:  Yes ____ No ____

(Describe briefly what happened: (attach additional sheets as required)

Type of Injury: _____

_____

Suggested Treatment: _____

_____

Other Recommendations: _____

_____

_____          _____
(Signature of Person Reporting Incident)                        (Signature of Office Manager/Receptionist)

# Supervisor's Investigation Report

Employee Name (print): _____ Address: _____

City: _____ Postal Code: _____ Phone: _____

Occupation: _____ Years of Experience: _____

Nature of Injury: _____

Injured Part of Body: _____

Signature of Witness 1: _____Signature of Witness 2: _____

Check as applicable:

Identify Incident:  ☐ First Aid  ☐ Medical Aid  ☐ Other

Type of Incident:  ☐ Near Miss  ☐ Dangerous Occurrence  ☐ Unusual Occurrence

Aggressive Behavior:  ☐ Physical  ☐ Verbal

Sharps:  ☐ Needle Sticks  ☐ Scalpels  ☐ While Suturing  ☐ Other

In the case of sharp injury; was Medical Health Officer notified: Yes: _____    No: _____

Describe clearly how the incident occurred:




What acts or failures to act and/or conditions contributed to this incident?




What action has or needs to be taken to prevent recurrence?




_____

Employee Signature                    (Date)                    Employer's Signature                    (Date)