

Incident Report Form
*** CONFIDENTIAL ***

Incident Report Number: 4163-009
Log As: Reviewed and Filed

Printed: 08/10/2016
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Date Reported: 01/09/2012
Date Submitted: 05/15/2014

Date of Incident: 12/03/2009
Time of Incident:

FACILITY INFORMATION

Facility: Planned Parenthood Leag Ma Cnt Ma C (4163)
470 Pleasant Street
Worcester, MA 01609

ID: 4163
Type: Clinic Form
Facility Reported: No

INCIDENT INFORMATION

Incident/Allegation Type(s): Physical Environment

Type of Harm(s): No Harm

Incident/Allegation Type(s) (after DPH review): Physical Environment

Type of Harm(s) (after DPH review): No Harm

SRE Category(s): Non-SRE
SRE Category(s) (after DPH review): *Non-SRE

Body Part Affected(s):

Patient's Activity:

Location:

Equipment in Use:

Safety Precaution(s):

INCIDENT NARRATIVE

When opened an autoclave set off smoke detector.

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family:

Police:

Physician:

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Individual in Charge at Facility: Title: Directly Involved?:

REPORTER INFORMATION

Reporter: Title:

PATIENT INFORMATION

First Name Last Name Age Gender Admission Date Ambulatory Status ADL Status Cognitive Level Developmentally Disabled

PATIENT ADDRESS

First Name Last Name Address 1 Address 2 City State Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name Last Name Gender Title Hire Date

WITNESS INFORMATION

First Name Last Name Title Directly Involved

END OF REPORT