

# Traveler Incident Report Form

Name of Traveler \_\_\_\_\_

Travel Company \_\_\_\_\_

Unit Assigned \_\_\_\_\_ Shift Assigned \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Were there witnesses to the Incident? Yes No If so, how many? \_\_\_\_\_

---

Description of Incident: (Categorize incident as indicated below if hospital policy limits details)

**Category 1** (Call lights not answered, didn't follow Dr's orders)

**Category 2** (Errors **WITHOUT** negative outcome, i.e., delay in treatment for patient services, med errors)

**Category 3** (Any errors **WITH** negative outcome, causing harm or death)

Was Advantage RN notified of the incident within a 24-hour period or occurrence? Yes No

Who at Advantage RN was notified? \_\_\_\_\_

Date of notification \_\_\_\_\_ Time of notification \_\_\_\_\_

Means of notification: Phone Email Fax

Requested resolution to incident:

---

Advantage RN's Follow-up/Resolution:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date form was submitted

*Copy to Recruiter*

*Copy to Employee*

*Copy to Employee File*