MHR
TRUSTED SOURCE FOR TALENT

NEAR MISS/ADVERSE EVENT REPORT

PLEASE TICK THE APPROPRIATE OPTIONS AND COMPLETE ALL THE REQUIRED SECTIONS

A. EVENT DETAILS			
Client:		**Date:**	
Department/Unit:		**Time:**	_____:_____

B. PERSON AFFECTED ***(Person harmed/almost harmed) (Tick appropriate box and complete relevant sections)***				
☐ **Patient**	**Name:**		**Admission diagnosis/Procedure:**	
☐ **Personnel**	**Name:**		**Job Title:**	
☐ **Doctor**	**Name:**		**Contact No.** ***(Obtain from Client or Client to complete - If applicable)***	
☐ **Visitor**	**Name:**			
☐ **Contractor**	**Name:**			
☐ **Other**	**Name:**			

C. PANEL MEMBER INVOLVED			
Panel Member Name and Surname:		**MHR number:**	

D. SUMMARY OF THE EVENT ***(Provide a brief summary of what happened, as well as immediate action(s) taken)***

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D. SUMMARY OF THE EVENT CONTINUE

E. WITNESSES *(Include Name, Surname and Job title)*

F. PEOPLE NOTIFIED						
Head of Department (Client)	Yes ☐	No ☐	**Date:**		**Time:**	_____:_____
MHR	Yes ☐	No ☐	**Date:**		**Time:**	_____:_____

G. REPORT COMPLETED BY:					
Name and Surname:		**Job title:**			
Department:		**Phone number:**			
Signature:		**Date:**		**Time:**	_____:_____

FOR COMPLETION BY MHR BRANCH MANAGER

H. EVENT CLASSIFICATION	Near Miss ☐	Adverse Event ☐	Serious Adverse Event ☐	Never Event ☐

I. CATEGORY OF EVENT *(Tick correct category and circle correct event description)*						
Clinical ☐	Behaviour	Blood and Blood Products	Complaints	Falls	Equipment	Informed Consent
	Medication Related	Obstetric Related	Peri-Operative	Procedural Problems	Skin Related	Other: _____
Non-Clinical ☐	Uniform	Behaviour	Buildings	Complaints	Security	Accident/ Occupational Health
	Equipment	Not on Duty	Procedural Problems	Other: _____		

J. REPORT TO LEGAL DEPT.	Yes ☐	No ☐	**Name:**		**Date:**	

K. ACTIONS TAKEN