

Adverse Event/Outcome Report

INSTRUCTIONS An adverse event or outcome is any occurrence with unexpected or unanticipated negative end results. Examples include but are not limited to: failed procedures, wrong procedure, ingestion of dental supplies, hard or soft tissue damages, and more.

YOUR NAME

SUPERVISOR NAME

DATE OF REPORT

JOB TITLE

Has your supervisor been made aware of this incident?

LOCATION OF INCIDENT

DATE OF INCIDENT TIME

DESCRIPTION Describe tasks being performed and sequence of events. *Attach additional pages as necessary.*

Was there anything that could have avoided the incident?

How might we avoid this in the future?

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

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