## Marian University of Fond du Lac School of Nursing Practicum Incident Report

|   |   | /                |
|---|---|------------------|
| Name of Student (print)   | Date of Incident                                    | Time             |
| Nature of Incident and Location Where Inc   | cident Occurred:                                    |                  |
| <u>Describe Incident in Own Words</u> : (Includi the injury/exposure, protective equipment,             |   | surrounding      |
| Describe Action Taken Regarding Inciden   | <u>t</u> : (Including first aid and reporting the i | incident)        |
| <u>Describe Any Injury Resulting</u> : (Including injury/exposure, the amount and type of flapplicable) |   |                  |
| Describe Any Corrective Action Taken to   | Prevent Reoccurrence:                               |                  |
| Signature of Student Preparing Report   | Name of Witness to In                               | ncident (if any) |
| Signature of Preceptor  |   |                  |
| Signature of Faculty  | -   |                  |