

NIAIC ADVERSE INCIDENT REPORT FORM

<p>Details of the report:</p> <p>Reporting Body: Address :</p> <p>Post Code : Reporter : Position : Tel No : Email :</p> <p>Your Reference:</p>	<p>Location of the incident:</p> <p>As Reporter : <input type="checkbox"/></p> <p>Facility/Building: Ward/Dept :</p> <p>Local Contact : Position : Tel No : Email :</p>
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Details of device:			
Product		Catalogue No	
Model		Serial No	
Manufacturer			
Supplier			
Batch No		Expiry date	
Date of mfr		Quantity defective	
Location of device now			
Is there a CE-mark? <input type="checkbox"/>		If YES, was the manufacturer or supplier contacted? <input type="checkbox"/>	

Incident Details :		
Date of Incident	Was there a fatality? <input type="checkbox"/>	Was an injury caused? <input type="checkbox"/>

Injury details:

Nature of defect / details of incident:
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Action taken by staff :

PLEASE NOTE IT IS ILLEGAL TO SEND CONTAMINATED ITEMS THROUGH THE POST.
 If you still have the incident device please retain it and await further instructions from the NIAIC.

Signed	Date
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Please send completed form to: Northern Ireland Adverse Incident Centre, Health Estates, Stoney Road, Dundonald, BT16 1US, Fax 028 90523900, Preferred method e-mail : niaic@dhsspsni.gov.uk