# APPENDIX B-3
# CONFIDENTIAL OCCURRENCE REPORT FORM

**Directions for Completing Form:**

- Occurrences are any event that is not consistent with the routine operation of the organization; they represent an opportunity for improvement of services.
- All incident reports should be reviewed with your supervisor as soon as possible and forwarded to the President within 24 hours of the occurrence. If a major incident occurs (for example, a dog bite), this should be reported to your supervisor and to the President *immediately*. The president can be contacted at any time by calling 877-HOPE-K9s (877-467-3597).
- If information in any category isn't available, please note this on the form.
- Please identify your recommendations for corrective action, if necessary. For example, if an incident occurred between two visiting dogs, you should identify what actions could have been taken to prevent the occurrence. Your honest input is important to maintain the quality of our services.
- If multiple individuals/dogs are involved in an occurrence, the individuals may either complete one form that everyone signs or multiple forms signed by each individual. Please assure that the information reflects your understanding of the events before your sign the form.

**Date of Incident:** _____

**Incident Involving:** _____

**Exact Location of Occurrence:** _____

**Time of Occurrence:** _____ **AM** ☐ **PM** ☐

**Nature of Occurrence:** _____

**Description of Occurrence:**

_____
_____
_____
_____
_____
_____
_____
_____

**If incident involved injury to person or animal:**

**Was medical attention sought and obtained? Yes** ☐ **No** ☐ **Not Applicable** ☐

**If medical treatment was obtained please check all that apply:**

**First Aid:** ☐ **EMT:** ☐ **Nurse Practitioner/Physician's Assistant/Medical Doctor:** ☐

**Hospital or Other Treatment Facility:** ☐ **Veterinarian or Vet Tech:** ☐

**Name/Address/Phone of Facility/Individual Providing Care (if available):**

**Name:** _____ **Phone:** _____

**Address:** _____

**Individual Refused Medical Care (for self or animal)? Yes** ☐ **No** ☐

**Signature of Individual Refusing Medical Care:** _____

**Corrective Action Recommendations of Reporting Person(s)**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**Signature of Person Preparing Report:** _____

**Date Signed:** _____

## OCCURANCE REPORT FINDINGS

**Review/Findings of Assigned Occurrence Investigator**

**Review/Findings of President, Executive Committee, Board Members:**

**Corrective Actions Taken; Policy/Trend Implications:**

**Signature of President:** _____ **Date:** _____