

Appendix 5  
4/2005

For DDA & OHCQ Use Only  
Date Received:  
Provider #:

**Quarterly Incident Report**  
for Internally Investigated/Reviewed Incidents

This form is to be submitted to OHCQ and DDA within 15 days of the end of each quarter of the fiscal year (Oct 15, Jan 15, April 15, and July 15). Each line on the form represents one internally investigated incident. Incidents should be listed chronologically. A full incident report must be completed for all internally investigated incidents as detailed in the policy and maintained on file for review by DDA and/or OHCQ personnel.

Agency Name:

Fiscal Year :

Quarter Ending : Sept Dec  
Mar June

Address:

Phone #: - -

Executive Director:

Individual's Name	Individual's SSN	Individual's Address	Date	Time	Type of incident *#	Location where incident occurred (unless same as column 3)

\* Categories of Internally Investigated Incidents are Physical Agression, Injury, Theft, Medication Error, Leave Without Notification-<4hrs, Hospital Treatment for chronic Condition and Emergency Room Visit not resulting in Hospital Admission and/or the result of Level I or II injury.  
#Category of Internally Reviewed Incident is planned use of restraint. Include the number of times each restraint was used during this period. Attach a copy of your Standing Committee's review for each individual.      /      /