

SUNY Potsdam
Student Health Services

ADVERSE EVENT REPORT FORM

Name of person affected by incident: _____ P#: _____
Date of Event: _____ Location of Event: _____ Time of Event: _____
Date & Time Administrative Director was notified: _____
Description of Event (attach extra pages if necessary):

Corrective action taken by discoverer of event (attach extra pages if necessary):

QI Committee Report
Recommendations (attach extra pages if necessary):

Should this incident be reported to the Campus Environmental & Safety Officer? Yes No

Name of Investigating Entity: _____ Date: _____

Student Health Director review and comments (attach extra pages if necessary):

Signature: _____ Date: _____

SHS Action Plan to avoid similar incident in the future (attach extra pages if necessary):