

Person Supported / Care Recipient: _____	Incident Date: _____
Caregiver Completing Log: _____	Relationship: _____

INCIDENT OVERVIEW

Time and location Start time: _____ End time: _____ Approx. duration: _____ Location: _____ How this information was known ☐ Directly observed ☐ Discovered afterward ☐ Reported by person supported / another person	Type of incident / concern ☐ Immediate safety risk ☐ Threatening language / physical aggression ☐ Property damage / disposal / contamination ☐ Leaving home / missing / unsafe community activity ☐ Medication-related concern ☐ Food / fire / water / chemical / appliance concern ☐ Medical or personal-care concern
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WHAT HAPPENED BEFORE?

Record observable events, requests, interactions, or conditions immediately before the incident. Do not assume the cause.

WHAT HAPPENED?

What was seen or heard Describe the sequence, actions, objects involved, and exact words when helpful. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Observed actions / responses ☐ Accepted direction / help ☐ Did not respond ☐ Walked away / left area ☐ Raised voice / yelled ☐ Threatening statements ☐ Physical aggression ☐ Threw / damaged / hid / discarded item ☐ Unsafe use of object / appliance / tool Exact words if important: _____
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Record what happened, not what you think the person intended. If there is immediate danger or a medical emergency, use appropriate emergency services rather than stopping to complete this form.

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IMMEDIATE SAFETY & CAREGIVER RESPONSE

Immediate concern

- ☐ No immediate safety concern identified
- ☐ Concern for person supported
- ☐ Concern for caregiver
- ☐ Concern for another person / pet / dependent
- ☐ Risk to home, property, food, medication, or essential item
- ☐ Unsure

Injury or pain? No Yes Unknown

Caregiver response

- ☐ Used calm communication / existing plan
- ☐ Reduced noise / people / stimulation
- ☐ Moved or secured unsafe item
- ☐ Moved self / another person to safer area
- ☐ Provided direct supervision
- ☐ Contacted family / support person
- ☐ Contacted provider / crisis / emergency service
- ☐ Did not intervene because it was unsafe

OUTSIDE CONTACT OR RESPONSE

- ☐ No outside contact
- ☐ Treating / prescribing provider
- ☐ Case manager / agency / program
- ☐ Crisis line / mobile crisis
- ☐ 911 / EMS
- ☐ Police / fire
- ☐ Poison Control
- ☐ Family / support person

Time contacted: _____

Response / instructions / action taken:

IMPACT, OUTCOME & FOLLOW-UP

Impact / immediate outcome

- ☐ No property / household impact identified
- ☐ Item damaged / discarded / hidden / lost
- ☐ Food / medication / document / essential item affected
- ☐ Cleaning / repair / replacement needed
- ☐ Incident ended without outside help
- ☐ Safety risk reduced or removed
- ☐ Outside support arrived / responded
- ☐ Person was transported / evaluated

Follow-up needed

- ☐ Continue monitoring
- ☐ Contact provider / agency
- ☐ Complete communication follow-up log
- ☐ Review household safety measures
- ☐ Request records / written instructions
- ☐ Replace / repair item
- ☐ Caregiver support needed
- ☐ No follow-up identified

FINAL OBJECTIVE SUMMARY

Briefly summarize what happened, what the caregiver did, what happened next, and anything still unresolved.

Record completed on: _____

Time: _____

This tool records caregiver observations of one incident. It does not determine diagnosis, fault, legal responsibility, eligibility, or decision-making capacity and does not replace emergency, clinical, legal, or official records.