

General Events Report-Witness Report

Entered By: _____

Entry Date & Time: _____

GER Details:

GER Reference: GER - _____ - _____

Individual Name: * _____

Event Details

Event Type: * ☐ Injury ☐ Medication Error ☐ Restraint Related to Behavior ☐ Restraint ☐ Death ☐ Other

Event Date: _____ Event Time: _____ am/pm

Witness Detail

Witness's Name: * _____ Title: * _____

Value: _____ (60-110) Oxygen Saturation: _____ Time: _____ am / pm

Witness Comments: _____

☐ I have reviewed this report

Reviewer Comments: _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)