

GER Event Type - Other

Event Type:*

- Accident no apparent injury
 Alcohol/Drug Abuse
 AWOL / Missing Person
 Behavioral Issue
 Change of Condition
 Complaint and/or Possible Litigation
 Exploitation
 Fall Without
 Law Enforcement Involvement
 Possible Criminal Activity/Misconduct
 Potential Incident/Near Miss
 PRN Psychotropic Use
 Property Damage
 Security Breach
 Sensitive Situation
 Serious Illness
 Threatening Behavior

Altercation

Event Subtype:*

- Staff/Individual
 Individual/Individual
 Other _____

Individual was:

- Aggressor Victim

Assault

Event Subtype:*

- Aggressor
 Victim

Contraband

Event Subtype:*

- Weapon on Convenience
 Manufactured Weapon
 Drugs
 Other _____

Fire

Event Subtype:*

- Attempted/Caused by
 Individual Minor/Smoke
 Accidental/Cause Unknown
 False Alarm/Equipment
 Failure False Alarm/Caused by Individual

Hospital

Event Subtype:*

- Admission
 ER w/o admission

Suicide

Event Subtype:*

- Attempt
 Threat

Out of Home Placement

Event Subtype:*

- Crisis Placement
 Developmental Center
 Hospice Facility
 Hospital
 ICF
 Jail
 Nursing Home
 Rehab
 Respite

Theft/Larceny Attempt

Event Subtype:*

- Perpetrator
 Victim
 Other _____

Specific Location

- Activity Area
 Bathroom
 Bedroom
 Dining Room
 Living Room
 Outdoors
 Hallway
 Kitchen
 Recreation Area
 Staircase
 Unknown
 Other _____

Event Summary _____

Witness 1: _____

Witness 2: _____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....am/pm

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