

AccuKare Inc.
13750 Crosstown Drive NW, Suite L100
Andover, MN 55304
Ph. (763) 862-3971 Fax (763) 862-2135

Incident Report

Name of person affected by the incident: _____

Date of Incident: _____ Time of Incident: _____ AM/PM

Type of Incident: ☐ Client Fall ☐ Client Property Damage
 ☐ Client Injury
 ☐ Employee Injury ☐ Employee Property Damage

Describe the Incident (Please print) _____

Responsible Person notified (Parent, Spouse, etc.): _____
Name

Qualified Professional Notified if client incident: _____
Name

AccuKare, Inc. Mgmt. notified if employee incident: _____
Name

Name of person completing form: _____

Signature of Person completing form: _____

This form is to be turned in to AccuKare Inc. Immediately!!!!