|  |  |
| --- | --- |
| Description: RQIA memo header v1 | **Form (2) - Notification of accidental or unintended exposure form**  *(Please complete all relevant sections)* |

**Part 1: Service Details**

|  |  |  |
| --- | --- | --- |
| Name of organisation/hospital/site: |  | |
| Modality Type: |  |
| Local incident reference number: |  |

**Part 2: Details of Service User affected**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unique Identifier**  *(Please Do Not Use Name)* | **Year of Birth**  *(yyyy)* | **Gender**  *(male/female)* | **Date of Admission**  *(dd/mm/yy)* |
|  |  |  |  |

**Part 3: Information about the Event**

|  |  |  |  |
| --- | --- | --- | --- |
| **Timing of Event:** | **Date** *(dd/mm/yy)* | | **Time** *(hh:mm)* |
|  |  | | *(Insert original date of event when reported)* |

**Part 4: Detail of Follow up action:**

|  |  |
| --- | --- |
| **Summary of incident follow up** |  |
| **Lessons learned** |  |
| **Training needs identified** |  |

**Part 5: Form Completed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Role** | **Date** | |
|  |  |  | |
|  |  | |