|  |  |
| --- | --- |
| 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** |
|  |  |       |
|  |  |