

SPH Injury Review Form

GENERAL INFO			
Incident date		Incident number	
Name of injured employee		Location of incident	
Injured employee's supervisor			
Injured employee's home department		Injured body part(s)	
Cost center			

POLICY REQUIREMENTS	
Did employees comply with no lift policy?	
Was equipment readily available?	
Did employees use the equipment (if available)?	
Was the equipment appropriate for the mobility task being completed?	
Has the employee completed their annual SPH training? <i>(Note: If the SPH training has been completed, please attach the training syllabus to this form.)</i>	

INCIDENT DETAILS	
Description of the incident:	

Patient factors impacting mobility:	
Other factors:	

PREVENTATIVE ACTIONS					
Action (all actions must list Owner(s) and Due Date)		Owner	Due Date	Interim Mitigation Measures (if applicable)	
1.					
2.					
3.					
4.					
5.					