APOLLO BATH
Elevating Senior Health...with Style

BATHING INCIDENT REPORT

Date of Incident: _____ **Time:** _____
Location: _____
Resident Name: _____
Staff Involved: _____
Supervisor Notified: _____

Type of Incident (check all that apply)
☐ Slip/Fall
☐ Equipment Failure
☐ Behavioral Outburst
☐ Scalding/Burn
☐ Other: _____

Brief description of Incident: _____

_____

_____

Actions Taken Immediately: _____

_____

_____

_____

Injuries Reported:
☐ Yes (describe below)

_____

_____

☐ No
Resident Response: _____

_____

_____

Follow-Up Recommendations:
☐ Review Care Plan
☐ Reassess Equipment
☐ Retrain Staff
☐ Other: _____

_____

_____

Reported By: _____ **Date:** _____