

#### **Adverse Event Report Form B**

G	- Medicatio	n adverse events	Stage of Tr	eatment	Desc	ription of even	t (Eg. Allergy, form	ulation)	See sec	tion G of co	ode guidance for	relevant codes
	App	roved Name	Pro	prietary	Name	Form	Manufactur	er Bat	ch No.	Dose	Frequency	Route
Н	- Medical d	evice/equipment inci	idents	Any defe	ective equipment sho	uld be detaine	ad for inspection					
	pe of device	THE WAY STATE OF THE PARTY.	100 St. 100 St	13 - TATE	White the second	F-1287.51	Catalogue	Serial	Batch	Expiry	Date	Quantity
(s	ee H codes)	Location	Product Name	Model	Manufacturer	Supplier	Number	Number	Number	Date	Manufactured	Defective
Λ	ny fuetbor in	formation relating to	Allows in contract to the contract of the cont	- tt-								
,,	ny farther in	formation relating to	the molucin and the	ie alieu	it on people involv	cu						
A	cts of violen	ce against PCT staff										
		why the assailant was or	•									
	r icase state	willy the assailant was of	ii tile premises.									
2.	Please detail	any relevant information	n about the assailants	condition	n prior to the assault.							
3.	Please includ	e any relevant details at	oout the environment a	at the tim	ne of the incident (noi	se levels, ligh	ting etc.)					
	Diagon annuis			Contract to								
4.	Please provid	le specific detail of the a	assault i.e. A struck B.	now ha	rd etc.							
	ere the poli		YES / NO (delete a	as appro	priate)							
	Police were cal Time of call:	led, please detail the foll	lowing: Da	te:								
2.	Name of pers	on reporting										
		tended: name, station ar	nd contact number									
	b) If police di	d not attend explain why	y not									
4.	Police action	to be taken - none, pros	ecution, not known, v	erbal war	ning, other (please st	ate)						-
5.		ember taken any sick lea					YES / NO	£				
0		ost of staffing due to ab		of replac	ement staff		1207110	L				
Ь.	Estimated cos	st of damage to equipme	ent					£				
7.	Have you / do	you intend to provide a	assailant with written v	varning?			YES / NO					
		you intend to withhold					YES / NO					
		evant information / comm					120/110					



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G - Medication adverse events	Stage of Treatment	Desc	ription of event (Eg	. Allergy, formul	ation)	See sec	tion G of co	ode guidance for I	relevant codes
Approved Name	Proprietary	Name	Form	Manufacture	Bat	ch No.	Dose	Frequency	Route
					-				
H - Medical device/equipment inci	dents Any defe	ctive equipment sho	uld be detained for	or inspection					
Type of device (see H codes) Location	Product Name   Model	Manufacturer	Supplier	Catalogue Number	Serial Number	Batch Number	Expiry Date	Date Manufactured	Quantity Defective
Any further information relating to	the incident and the affec	t on people involv	ed						
Acts of violence against PCT staff									
Please state why the assailant was or	the premises.								
Please detail any relevant information	a shout the assailants condition	nrior to the assault							
2. Tisass astain any followant information	Tabout the assanants condition	prior to the assault.							
Please include any relevant details ab	oout the environment at the tim	e of the incident (noi	se levels, lighting	etc.)					
4. Please provide specific detail of the a	ssault i.e. A struck Bhow ha	rd etc.							
Were the police called?	VEC (NO. 1111								
If Police were called, please detail the foll	YES / NO (delete as appro	priate)							
Time of call:	Date:								
2. Name of person reporting									
3. a) If police attended: name, station ar	nd contact number								
b) If police did not attend explain why	, not								
4. Police action to be taken - none, pros	ecution, not known, verbal war	ning, other (please st	rate)						
<ol> <li>Has a staff member taken any sick learnest estimated cost of staffing due to abs</li> </ol>		ement staff		YES/NO [	£				
6. Estimated cost of damage to equipme	ent				£				
7. Have you / do you intend to provide a	ssailant with written warning?			YES / NO					
8. Have you / do you intend to withhold				YES / NO					
9. Any other relevant information / comm	ments								



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G - Medicati	on adverse events	Stage of	Treatment	Des	scription of event (I	Eg. Allergy, formu	lation)	See sec	ction G of co	de guidance for	relevant codes
A	pproved Name	P	roprietary N	ame	Form	Manufacture	r Bate	ch No.	Dose	Frequency	Route
	device/equipment inci	dents	Any defect	tive equipment sh	ould be detained	for inspection					
Type of device (see H codes)	Location	Product Name	Model	Manufacturer	Supplier	Catalogue Number	Serial Number	Batch Number	Expiry Date	Date Manufactured	Quantity Defective
Any further i	nformation relating to	the incident and	the affect	on neonle invol	lved	-					
The state of the s	morniation rotating to	the moracin and	the unout	on people invo	· ·						
Acts of viole	nce against PCT staff										
	e why the assailant was or	n the premises.									
2. Please deta	ail any relevant information	about the assailant	ts condition p	prior to the assaul	t.						
3. Please incl	ude any relevant details at	out the environmen	t at the time	of the incident (n	oise levels, lightin	ng etc.)					
/ Bi											
4. Please prov	vide specific detail of the a	issault i.e. A struck	Bhow hard	etc.							
Were the po	line called?	VEC / NO /delet		2-1-0			_				
	called, please detail the foll	YES / NO (delete	e as appropr	nate)							
1. Time of cal			Date:								
2. Name of pe	erson reporting										
3. a) If police	attended: name, station ar	nd contact number									
h\ If a all a	did not ottend and the	net									
b) if police	did not attend explain why	/ not									
4. Police actio	on to be taken - none, pros	ecution, not known,	verbal warni	ing, other (please	state)			-			
5. Has a staff	member taken any sick lea	ave as a result of the	incident?			YES / NO	£				
	cost of staffing due to abs		st of replacer	nent staff		7444 (2.5)					
20.11111100	or surrage to equipme						£				
	do you intend to provide a	The state of the s				YES / NO					
	do you intend to withhold		sailant?			YES / NO					
9. Any other r	elevant information / com	ments									



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G		n adverse events	Stage of T		Married Land	ription of event (	Eg. Allergy, formul	lation)	See sec	ction G of co	ode guidance for	relevant codes
	App	roved Name	Pro	prietary	Name	Form	Manufacture	r Bat	ch No.	Dose	Frequency	Route
				_								
		evice/equipment inci	dents	Any defe	ective equipment show	uld be detained	for inspection					
Ty (s	pe of device ee H codes)	Location	Product Name	Model	Manufacturer	Supplier	Catalogue Number	Serial Number	Batch Number	Expiry Date	Date Manufactured	Quantity Defective
A	ny further in	formation relating to	the incident and t	he affec	t on people involv	ed						
		ce against PCT staff why the assailant was or	n the premises.						-			
2.	Please detail	any relevant information	n about the assailants	condition	n prior to the assault.							
3.	Please include	de any relevant details ab	oout the environment	at the tin	ne of the incident (noi	se levels, lighti	ng etc.)					
	Please provi	de specific detail of the a										
		lled, please detail the foll	YES / NO (delete	as appro	priate)							
	Time of call:	neu, piease detail the foll	Company of the Compan	ate:								
_	Name of per											
3.	a) If police a	ttended: name, station ar	nd contact number									
	b) If police d	id not attend explain why	/ not									
4.	Police action	to be taken - none, pros	ecution, not known,	verbal wa	rning, other (please st	tate)						
	- estimated of	nember taken any sick lea cost of staffing due to ab	sence, estimated cos	incident? t of replace	cement staff		YES / NO	£				
6.	Estimated co	st of damage to equipme	ent					£				
7.	Have you / d	o you intend to provide a	assailant with written	warning?			YES / NO					
_		o you intend to withhold		ailant?			YES / NO					
9.	Any other re	evant information / com	ments									



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	n adverse events	Stage of T	reatment	Description	n of event (Eg.	Allergy, formulati	on)	See sec	ction G of co	de guidance for	
1.66	roved Name		prietary Name	F	orm	Manufacturer	Batch	No.	Dose	Frequency	Route
I - Medical d	evice/equipment inci	idents	Any defective ed	quipment should b	e detained fo					Date	Quantity
pe of device see H codes)	Location	Product Name	Model Ma	nufacturer	Supplier	Catalogue Number	Serial Number	Batch Number	Expiry Date	Date Manufactured	Quantity Defectiv
ee n coues)		5									
ny further in	formation relating to	the incident and	the affect on p	sopie ilivorveu		bi.					
Acts of viole	nce against PCT staf	f.									
. Please state	e why the assailant was	on the premises.									
Please deta	ail any relevant informati	ion about the assailar	nts condition prio	r to the assault.							
ricase uela	an any resevant informati	and the wood in	All and Hannager & St.								
					lands page	on ata \					
3. Please incl	ude any relevant details	about the environme	nt at the time of t	he incident (noise	levels, lightin	ig etc.)					
4. Please pro	vide specific detail of th	e assault i.e. A struck	k Bhow hard etc	; <u>.</u>							
Were the po	olice called?	YES / NO (dele	ete as appropriate	э)							
If Police were	called, please detail the	following:	Date:								
	ill:		Date.								
1. Time of ca											
<ol> <li>Time of ca</li> <li>Name of p</li> </ol>	person reporting	n and contact number	1								
<ol> <li>Time of ca</li> <li>Name of p</li> </ol>	person reporting e attended: name, station	n and contact number									
<ol> <li>Time of ca</li> <li>Name of p</li> <li>a) If police</li> </ol>											
Time of ca     Name of p     a) If police     b) If police	e attended: name, station e did not attend explain	why not									
Time of ca     Name of p     a) If police     b) If police	e attended: name, station	why not		ı, other (please sta	te)						
Time of ca     Name of p     a) If police     b) If police	e attended: name, station e did not attend explain	why not		ı, other (please sta	te)						
Time of ca     Name of p     a) If police     b) If police  4. Police act	e attended: name, station e did not attend explain ion to be taken - none, p	why not prosecution, not know	vn, verbal warning	), other (please sta	te)	VEG ING					
Time of ca     Name of p     a. a) If police     b) If police     4. Police act	e attended: name, station e did not attend explain ion to be taken - none, p	why not prosecution, not know	vn, verbal warning the incident?		te)	YES/NO	£				
Time of ca     Name of p     a) If police     b) If police     4. Police act      5. Has a sta     estimate	e attended: name, station e did not attend explain ion to be taken - none, p	why not prosecution, not know sk leave as a result of o absence, estimated	vn, verbal warning the incident?		te)	YES / NO	£				
Time of ca     Name of pa     a) If police     b) If police     4. Police act      5. Has a starestimate     6. Estimate	e attended: name, station e did not attend explain ion to be taken - none, p  ff member taken any siced cost of staffing due to d cost of damage to equ	why not prosecution, not know k leave as a result of o absence, estimated ipment	vn, verbal warning the incident? cost of replaceme		te)	YES / NO					
Time of ca     Name of p     a. a) If police     b) If police      4. Police act      5. Has a starestimate     6. Estimate	e attended: name, station e did not attend explain ion to be taken - none, p  ff member taken any siced cost of staffing due to	why not prosecution, not know the leave as a result of the prosecution of the leave as a result of the prosecution of the leave as a result of the	vn, verbal warning the incident? cost of replacement		te)						

# East Hampshire Primary Care Trust

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	oved Name		Proprietary	wante	F	rm	Manufact	urer	Ba	tch No.	Dose	Frequency	R
	vice/equipment inc	idents	Any defe	ctive equipment	t should be	detained	for inspection	on					
pe of device see H codes)	Location	Product Name	Model	Manufactur		upplier	Catalog	ue	Serial	Batch	Expiry	Date	Qu
							Numbe	r	Number	Number		Manufactured	De
								-					
ny further info	ormation relating to	the incident and	the affect	on people in	volved	3							
				14.0									
ts of violence	against PCT staff	18											
HIS-I	y the assailant was on	the premises											華越
	y the assurant was on	the premises.											State of the last
Please detail an	y relevant information	about the seedlest	e ees distant										7
, isaso dotan an	y rolevant illiorniation	about the assanants	s condition	prior to the assa	ault.								
													100
													Total State
Please include a	any relevant details abo	out the environment	-1 1b - 1'										Ac and County
Please include a	any relevant details abo	out the environment	at the time	of the incident	(noise leve	s, lighting	etc.)						School or or Consider
Please include a	any relevant details abo	out the environment	at the time	of the incident	(noise leve	s, lighting	etc.)						Spirit and Spirit
1					(noise leve	s, lighting	etc.)						September of the septem
1	any relevant details abo				(noise leve	s, lighting	etc.)						Section of the Section
1					(noise leve	s, lighting	etc.)						Section of the Section
Please provide s	specific detail of the as				(noise leve	s, lighting	etc.)						Section of the section of
1	specific detail of the as	ssault i.e. A struck B	how hard	etc.	(noise leve	s, lighting	etc.)			,	And the second		
Please provide s	specific detail of the as	ssault i.e. A struck B	how hard	etc.	(noise leve	s, lighting	etc.)						
Please provide s	specific detail of the as	YES / NO (delete owing:	how hard	etc.	(noise leve	s, lighting	etc.)				And the second s		design of the second se
Please provide sere the police olice were called Time of call:	specific detail of the as  called?  , please detail the follo	YES / NO (delete owing:	how hard	etc.	(noise leve	s, lighting	etc.)				And the second		denote the second little
Please provide sere the police olice were called Time of call:	specific detail of the as  called?  , please detail the follo	YES / NO (delete owing:	how hard	etc.	(noise leve	s, lighting	etc.)				And the Property of the Proper		Section 19 and 1
Please provide sere the police olice were called Time of call:	specific detail of the as  called?  please detail the follo  reporting	YES / NO (delete owing:	how hard	etc.	(noise leve	s, lighting	etc.)				And the second s		
Please provide sere the police olice were called Time of call:  Name of person  a) If police attention	called? , please detail the follo	YES / NO (delete owing:	how hard	etc.	(noise leve	s, lighting	etc.)				And the second s		Security of the security of th
Please provide sere the police olice were called Time of call:  Name of person  a) If police attention	specific detail of the as  called?  please detail the follo  reporting	YES / NO (delete owing:	how hard	etc.	(noise leve	s, lighting	etc.)				And the second s		dental production of the second
Please provide sere the police olice were called Time of call:  Name of person  a) If police attended the police of the police o	called? , please detail the follo reporting ded: name, station and	YES / NO (delete owing:  d contact number	as appropri	etc.		s, lighting	etc.)						dental to the second se
Please provide sere the police olice were called Time of call:  Name of person  a) If police attended the police of the police o	called? , please detail the follo	YES / NO (delete owing:  d contact number	as appropri	etc.		s, lighting	etc.)						
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Please provide sere the police olice were called Time of call:  Name of person (a) If police attended (b) If police did not obtain the police action to be provided (c) and police action to be prov	called?  , please detail the follo reporting ded: name, station and ot attend explain why re	YES / NO (delete owing: Did contact number  not  cution, not known, vi	as appropri ate:	etc.		s, lighting	etc.)						The second secon
Please provide sere the police olice were called Time of call:  Name of person (a) If police attended (b) If police did not obtain the police action to be the police action t	called?  , please detail the follo reporting ded: name, station and ot attend explain why re the taken - none, prosect	YES / NO (delete owing: Did contact number  not  cution, not known, v	as appropri ate:	etc. (ate)		s, lighting							
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Please provide sere the police olice were called Time of call:  Name of person  a) If police attended the police action to be police action.	called?  , please detail the follo reporting ded: name, station and ot attend explain why re the taken - none, prosect	YES / NO (delete owing: Did contact number  not  cution, not known, v  e as a result of the innce, estimated cost	as appropri ate:	etc. (ate)		s, lighting		=					
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Please provide sere the police olice were called Time of call:  Name of person a) If police attended b) If police action to be the as a staff member estimated cost of the stimated cost of the stimat	called?  , please detail the folloreporting ded: name, station and ot attend explain why re the taken - none, prosect the taken any sick leave of staffing due to abselt damage to equipment u intend to provide assu	YES / NO (delete owing: Did contact number  Incorporate as a result of the ince, estimated cost the sailant with written we eatment to the assailant.	as appropri ate: erbal warnin	etc. (ate)		s, lighting	YES / NO	=					describe scholars
Please provide sere the police olice were called Time of call:  Name of person a) If police attended b) If police action to be the as a staff member estimated cost of the stimated cost of the stimat	called?  , please detail the follo reporting ded: name, station and ot attend explain why re be taken - none, prosect the taken any sick leave of staffing due to absect damage to equipment u intend to provide ass	YES / NO (delete owing: Did contact number  Incorporate as a result of the ince, estimated cost the sailant with written we eatment to the assailant.	as appropri ate: erbal warnin	etc. (ate)		s, lighting	YES / NO	=					The state of the s