State of New Jersey

Department of Military and Veterans Affairs
Division of Veterans Healthcare Services
PRELIMINARY UNUSUAL INCIDENT - SENTINEL EVENT REPORT

Complete all information when reporting Incidents/Events.

Fax to **Division Director's Office 1-(609)-530-6970** Monday through Friday from 8:30 a.m. to 4:30 p.m.

For Category "A" emergencies, call 1-(609)-530-6967

Sentinel Events to VA Jurisdiction – EOVA (973)-667-1000, Ext 1770 - Fax (973)–395-7033

Wilmington, DE. VA (302)-633-5420, 1-800-461 - 8262, Ext 5420, Fax (973)-395-7003

CONFIDENTIAL

Facility:_________________________ Incident Category: A_____ B_____ **Sentinel Event** :YES_____NO______

Name of person involved: ______________________________ Case No:__________ Age: ________

Room No.: __________Address if appropriate:______________________________

Status of Individual Involved: ____ Resident ____ Employee ____ Visitor ____ Other, Explain__________________

Place of Incident:_________________________ Date:__________ Time:__________ a.m.______ p.m.________

NOTIFICATIONS:

CEO	☐Yes	☐No	Date______________	Time_________(am/pm)
ACEO	☐Yes	☐No	Date______________	Time_________(am/pm)
Dept. Head	☐Yes	☐No	Date______________	Time_________(am/pm)
Safety Officer	☐Yes	☐No	Date______________	Time_________(am/pm)
Next of Kin	☐Yes	☐No	Date______________	Time_________(am/pm)
Legal Guardian	☐Yes	☐No	Date______________	Time_________(am/pm)
Autopsy	☐Yes	☐No	Date______________	Time_________(am/pm)
Police /Facility Security	☐Yes	☐No	Date______________	Time_________(am/pm)
Investigated	☐Yes	☐No	Date______________	Time_________(am/pm)
Veterans Healthcare Services	☐Yes	☐No	Date______________	Time_________(am/pm)
Ombudsman's Office	☐Yes	☐No	Date______________	Name____________________
N.J. Dept. of Health	☐Yes	☐No	Date______________	Name____________________
N.J. Board of Nursing	☐Yes	☐No	Date______________	Name____________________
Drug Control Unit-Enforcement Bureau	☐Yes	☐No	Date______________	Name____________________
Dept. of Law & Public Safety-Enforcement Bureau	☐Yes	☐No	Date______________	Name____________________
VA of Jurisdiction	☐Yes	☐No	Date______________	Name____________________
Other Agencies Notified List	☐Yes	☐No	Date______________	Name____________________

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Property Damage ☐Yes ☐No Describe: ____

____

____

Personal Injuries ☐Yes ☐No Describe: ____

____

____

Diagnosis & Treatment (for Internal Use Only): ______________________________

____

____

Treating Physician: ____

Personnel on Duty: ____

Personal Injuries ☐Yes ☐No Describe: ____

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____

Actions to be Taken: ____

____

____

Detailed factual statement of Unusual Incident/Sentinel Event answering who, what, where, why and how: include any witness account:

Witness: 1. ______ 2. ______ 3. ______

If hospitalized, list date, time place and reason for admission: ______

PRELIMINARY CONCLUSION/RECOMMENDATIONS (If Applicable): ______

Name/Title	Date	(Area Code) Telephone Number

Final Investigation Report Due in five days: ______

Date Due

NJDMVA 6-MAR-89 (REV. 10 / 01)