BIANNUAL STATISTICAL INCIDENT SUMMARY
INCIDENT REPORTING NOTIFICATION FOR PRIVATE SECTOR FOR JULY – DECEMBER

A. FACILITY PARTICULARS

Facility Code: | | | | | | | - | | | | | | - | | |

B. STATISTICAL SUMMARY TO BE REPORTED (*FOR 6 MONTHS)*

	MONTH / INCIDENT	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1.	Unforeseeable or unanticipated injuries incurred by patients during the stay in the private healthcare facilities or services other than those required to be reported under PART I, which have led or are reasonably likely to lead to permanent disability.							
2.	All fires in the private healthcare facilities and services not reportable under Part I of this Schedule.							
3.	Unexplained false fire alarms in the private healthcare facilities and services that did not result in death or personal injury.							
4.	The termination of the services that affect the continued safe operation of the private healthcare facilities or services or the health or safety of patients including termination of telephone, water supply or electrical services for more than two hours or where fire detection, alarm or suppression systems are not functional for more than two hours							
5.	Unauthorised disappearances of a patient from the private healthcare facilities or services for more than two hours.							
	TOTAL							

C. REPORTING PERSON PARTICULARS (*PERSON IN CHARGE OF FACILITY*)

Name: ..... Designation: .....

Tel. No.: ..... Email: .....

Date: .....

D. *For Official Use Only:*

Date Received: ..... Incident Reference: .....

E. *For Official Use Only:*
Further Secretariat Action

Name: ..... Designation: .....

Date: .....