



Accident / Incident Report Form:

Name of Contractor _____

Staffing
Company _____

Unit Assigned _____ Shift Assigned _____

Date of Incident _____ Time of Incident _____

Were there witnesses to the Incident ? Yes No If so how many? _____
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Description of Incident :

Was Wellspring Nurse Source notified of the incident with a 24-hour period or occurrence? Yes No

Who at Wellspring Nurse Source was notified? _____

Date of Notification _____ Time of Notification _____

Means of notification: Phone Email Fax

Requested resolution to incident:

.....
Wellspring Nurse Source follow-up/Resolution:

Signature of Employee

Date form was submitted

Copy to Recruiter Copy to Employee Copy to Employee File