



Confidential Assault Recording Form

R.I. Gen. Law § 23-17.28-6 requires Rhode Island hospitals to **maintain records** of assaults against employees occurring on premises. ***Complete this form and keep on file for at least five years after the date of reported incident. Forms must be made available to the Rhode Island Department of Health upon request.***

Incident <i>Please complete all boxes in this section.</i>			
Person completing form:		Date form completed (MM/DD/YYYY):	
Facility/Premises name/address where incident occurred:			
Title:		Phone:	
Date of incident (MM/DD/YYYY):		Time of incident: AM PM	
Specific location of incident:			
Impact of Incident on Victim <i>Please check the most appropriate category and provide a brief description of the physical injury.</i> <input type="checkbox"/> Assault with mild soreness, surface abrasions, scratches, or small bruises <input type="checkbox"/> Assault with major soreness, cuts, or large bruises <input type="checkbox"/> Assault with severe lacerations, a bone fracture, or a head injury or <input type="checkbox"/> Assault with loss of limb or death Please describe:			
Were police called? <input type="checkbox"/> Yes <input type="checkbox"/> No Police department:			
Was incident reported to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No Department:			
Witnesses <i>Please list witnesses in immediate area of incident when it occurred, if known.</i>			
Name:		Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee (Victim) Information			
Last name:		First name:	
Department:		Unit assigned:	
Job title:		Phone:	
Alleged Assailant Information <i>Please provide as much information as possible.</i>			
Last name:		First name:	
Physical description <i>(height, weight, sex, hair color/facial hair, piercings/tattoos, language spoken, identifiable clothing/uniform/patches/lettering)</i>			
Patient	Visitor	Employee	Other <i>Please describe:</i>

Description of Incident *Please include a brief description of any physical injuries to the employee and indicate if a weapon was used. Indicate the number of employees and witnesses in the immediate area of the incident when it occurred.*

Response to Incident and Results of Investigation *Please describe what actions were taken by the employees and the hospital in response to the incident, including any facility changes made to decrease the risk of similar incidents from reoccurring.*

Administrator name (Print): _____

Administrator Signature: _____ **Date:** _____

NOTE: *R.I. Gen. Laws § 23-17.28-6(d)(2) requires hospitals to maintain information regarding work-related injuries and illnesses recorded by the hospital in order to comply with applicable federal health and safety recordkeeping requirements. For additional information on federal Occupation Safety and Health Administration regulations related to recording, reporting, and safety recordkeeping requirements, See: [eCFR 29 CFR Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses](#).*