

## MHRA Adverse Incident Report Form

Please tick ( ✓ ) the appropriate boxes

### Origin of report:

Reporting Body .....  
 Address .....  
 Reporter .....  
 Position .....  
 Telephone number .....  
 Consultant-in-charge (if known) .....

This report confirms a telephone report  a fax report  neither

### Type of device: (tick one only)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Active implantable devices        | <input type="checkbox"/> External defibrillators & pacemakers       | <input type="checkbox"/> Physiotherapy equipment                |
| <input type="checkbox"/> Administration & giving sets      | <input type="checkbox"/> Feeding tubes                              | <input type="checkbox"/> Radiotherapy equipment                 |
| <input type="checkbox"/> Anaesthetic machines & monitors   | <input type="checkbox"/> Gloves                                     | <input type="checkbox"/> Radionuclide equipment                 |
| <input type="checkbox"/> Anaesthetic & breathing masks     | <input type="checkbox"/> Guidewires                                 | <input type="checkbox"/> Resuscitators                          |
| <input type="checkbox"/> Autoclaves                        | <input type="checkbox"/> Hearing aids                               | <input type="checkbox"/> Staples & staple guns                  |
| <input type="checkbox"/> Bath aids                         | <input type="checkbox"/> Hypodermic syringes & needles              | <input type="checkbox"/> Stretchers                             |
| <input type="checkbox"/> Beds & mattresses                 | <input type="checkbox"/> Implant materials                          | <input type="checkbox"/> Surgical instruments                   |
| <input type="checkbox"/> Blood pressure measurement        | <input type="checkbox"/> Infant incubators                          | <input type="checkbox"/> Surgical power tools                   |
| <input type="checkbox"/> Breast implants                   | <input type="checkbox"/> Infusion pumps, syringe drivers            | <input type="checkbox"/> Sutures                                |
| <input type="checkbox"/> Cardiovascular implants & devices | <input type="checkbox"/> Insulin syringes                           | <input type="checkbox"/> Thermometers                           |
| <input type="checkbox"/> Commodes                          | <input type="checkbox"/> Intravenous catheters & cannulae           | <input type="checkbox"/> Ultrasound equipment                   |
| <input type="checkbox"/> Contact lenses & care products    | <input type="checkbox"/> Joint prostheses                           | <input type="checkbox"/> Urinary catheters                      |
| <input type="checkbox"/> CT systems                        | <input type="checkbox"/> Lasers & accessories                       | <input type="checkbox"/> Ventilators                            |
| <input type="checkbox"/> Dental materials & appliances     | <input type="checkbox"/> Magnetic resonance equipment & accessories | <input type="checkbox"/> Walking sticks / frames                |
| <input type="checkbox"/> Dialysis equipment                | <input type="checkbox"/> Mobile x-ray systems                       | <input type="checkbox"/> Wound drains                           |
| <input type="checkbox"/> Diathermy equipment & accessories | <input type="checkbox"/> Monitors & electrodes                      | <input type="checkbox"/> X-ray equipment, systems & accessories |
| <input type="checkbox"/> Dressings                         | <input type="checkbox"/> Non-active implants                        | <input type="checkbox"/> Other (please specify)                 |
| <input type="checkbox"/> Endoscopes & accessories          | <input type="checkbox"/> Ophthalmic equipment                       | .....   |
| <input type="checkbox"/> Endotracheal tubes & airways      | <input type="checkbox"/> Patient hoists                             |   |
| <input type="checkbox"/> Enteral feeding systems           | <input type="checkbox"/> Patient monitoring equipment               |   |

**Further details can be given on additional sheets if necessary**

## Medical Devices

<b>Details of device:</b>			
Product		Catalogue No	
Model		Serial No	
Manufacturer			
Supplier	Telephone no:		
Batch No		Expiry date	
Date of mfr		Quantity defective	
Location of device now			
Is there a CE-mark? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, was the manufacturer or supplier contacted? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was there a fatality? YES <input type="checkbox"/> NO <input type="checkbox"/> Was an injury caused? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Injury details:</b>			
<b>Nature of defect / details of incident:</b>			
Contact name for further details			
Telephone number			
<b>Action taken by staff / manufacturer / supplier:</b>			
I confirm that any necessary decontamination has been completed. <b>Please note it is illegal to send contaminated items through the post.</b>			
Method of decontamination .....			
Signed ..... Date .....			

**Please send completed form to:**  
**Service Manger**  
**Joint Equipment Service**  
**14 Marsh Green Road**  
**Marsh Barton**  
**EXETER**  
**EX2 8LT**

FORMGEN (March 2003)

by fax (01392 678531) or e-mail (ssjeserv@devon.gov .uk)