

# ROOT CAUSE ANALYSIS REPORT FORM<sup>1</sup>

Complete this form to document the findings of the Root Cause Analysis. Prior to submission provide all team members with a draft for review and comment. To use the electronic version of the form simply "click" the shaded box area and type in the pertinent information.

IDENTIFYING INFORMATION regarding the adverse event.	
STATE:	PUBLIC AGENCY responsible for oversight/funding:
Responsible Service Provider:	Program/Facility where incident took place:
If an individual consumer experienced significant harm, list the Service Recipient ID No.:	City/Town (Location of program/facility):
If other individuals experienced harm, provide either their Service Recipient ID No. or their Initials:	RCA Team Members:  Team Leader:
<b>THE EVENT – Briefly describe what happened and any harm that resulted. Identify the proximate cause, if known.</b>	
<i>Description:</i> What type of major harm did the incident result in: <input type="checkbox"/> None <input type="checkbox"/> Death <input type="checkbox"/> Serious Injury <input type="checkbox"/> Significant property damage <input type="checkbox"/> Significant financial loss <input type="checkbox"/> Other	

<sup>1</sup> Adapted from a template utilized by the Australian Department of Human Services for use by Health Care Organizations and Hospitals [see <http://www.dexform.com> for original form]