

GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
HEALTH CARE FACILITY REGULATION DIVISION  
HEALTH CARE SECTION  
2 Peachtree Street, N.W. Suite 31-445  
Atlanta, Georgia 30303  
Tel. 404-657-5550 Fax 404-657-8934

**REQUIRED ESRD SELF REPORTS**  
(Please Type Form)

**FACILITY INFORMATION**

Name of Facility: \_\_\_\_\_  
Facility Type: \_\_\_\_\_ License#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Person Reporting Incident: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_ Phone Number of Contact: \_\_\_\_\_  
Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PATIENT/REPORTING INFORMATION**

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. Reported to HFRD Agency

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. ESRD Facility Was Aware that reportable incident may have occurred

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. Incident Occurred

\_\_\_\_\_ M/F \_\_\_\_\_  
Patient Name Age Sex Date of Birth

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Medical Record # Date of Admission Date Dialysis Started

Diagnosis (all): \_\_\_\_\_  
(Use narrative format, not ICD-9 coding)

Patients Current Condition: (check one)  Dialyzing in center  In Hospital  Deceased

**Type of Incident: Please check appropriate boxes. (Attach a copy incident report if applicable)**

- Death
- Serious Injury/malfunction of equipment
- Exsanguination at facility
- Use of another patient's dialyzer
- Deviation in patient's prescription
- Sexual/Physical assault of patients

