

REPORT OF CRITICAL EVENTS TO HKCFP

Critical incidents and their resolution should be reported to HKCFP

Date		
Reported by	<input type="checkbox"/> Lead supervisor <input type="checkbox"/> Supervisor <input type="checkbox"/> Trainee <input type="checkbox"/> Patient <input type="checkbox"/> BVTS <input type="checkbox"/> Others _____	Name & Signature
Contact details:	Office phone no: Mobile phone no:	Email:
Problem identified /critical event		
Action taken		
Effectiveness of action	<input type="checkbox"/> Effective <input type="checkbox"/> Not effective	
Resolution:		
Any further action taken		
Suggestions for future improvement		
Need of further action / appeal		
HKCFP	Comment: Name: _____ Signature: _____ Position: _____ Date: _____	