ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.08	Page 1 of 1
	Effective Date: October 15, 2022	
	Distribution: A	
	Supersedes: N/A	
Approved by: Lisa Helton		
Subject: PROSTHETICS AND DURABLE MEDICAL EQUIPMENT		

POLICY CHANGE NOTICE 22-32

INSTRUCTIONS:

Please strikethrough CR-2592 on page 6 and insert the attached page 7. Renumber all policy pages accordingly.

TENNESSEE DEPARTMENT OF CORRECTION

ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

_____
INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: _____ TDOC ID: _____

Name: _____ Date of Birth: _____
Last First Middle

☐ Employee ☐ Inmate ☐ Visitor ☐ Other _____

Location (of occurrence) _____ Date (of occurrence) _____ Time (of occurrence) _____

Type of Injury / Incident: ☐ Work-related ☐ Sports ☐ Violence
☐ Use of Force ☐ Other: _____

Weapon, Property, Equipment, Machinery Involvement (Specify): _____

Subject's Version (how situation occurred): _____

_____

_____ _____
Signature of Subject

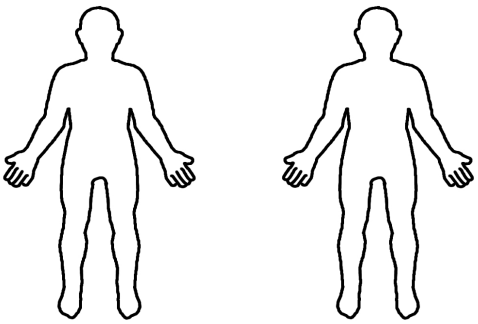
Witness' Version: _____

_____

_____ _____
Printed Name of Witness Signature of Witness

Health Service Provider's Report: *(Use page 2 for additional documentation if needed)*

Front Back



Subjective:_____

_____

Objective: _____

_____

_____

Assessment:_____

Plan:_____

_____ _____ _____
Date of Treatment Time Signature of Health Service Provider

Disposition:
☐ Treated by Institutional Health Service Staff
☐ Transported to Community Facility for Outpatient Care: _____ Facility
☐ Transported to Community Hospital for Inpatient Care: _____ Hospital
☐ Other, explain: _____

Did death result? ☐ Yes ☐ No Relatives notified: ☐ Yes ☐ No

Workers Compensation Claim #: _____

TENNESSEE DEPARTMENT OF CORRECTION

ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

****Signature required below if page 2 used***

Date of Treatment	Time	Signature of Health Service Provider