

Fall Log - Sample

This tool can be used to document details about an individual who has fallen. It also can be distributed to direct support professionals (DSPs) to be used with the individuals they support.

Use as many pages as you need, starting with the fall log template on page 2. For serious injuries, be sure to submit a Special Incident Report (SIR) as well.

Fall Log

Name: Jane Doe

Symptoms What happened before the fall?	Location Where did the fall happen?	Activity What was the person doing at the time of the fall?	Time What was the date and hour of the fall?	Incident Was there an injury? Did the person receive treatment?
Jane was going to take a nap	Jane's bedroom	Jane was feeling tired and had taken off her glasses Jane fell over her armchair in her bedroom	Tuesday 3/3/20 3:15pm	Jane was not hurt - No visible bruises and she said she didn't hurt after 30 minutes and her nap Jane did not receive treatment

Tool

Fall Log

Name:

Symptoms	Location	Activity	Time	Incident