

# Report of Equipment Failure or Near Miss

Use this form when the failure or near miss occurred while caring for a patient. All fields are required.

Organization Name

Date of Event

Approx. Time

Incident Number

Your Name

Category of Equipment

Diagnostic equipment or sensor (e.g. ECG monitor, ETCO2)

Medication (e.g. medication container or label, autoinjector)

Therapeutic equipment or component (e.g. defibrillator, BVM)

Disposable supply (e.g. syringe, splint)

Protective equipment/supply (e.g. gloves, restraint strap)

Other (e.g. stretcher)

Was the item removed  
from service?

Yes

No

Where is the item currently  
located?

Describe in detail how the equipment did not function as intended, how this impacted the care of the patient, and what troubleshooting or actions were immediately taken to protect the patient or provider from further harm.

List the complete name, manufacturer, model name, model number and other pertinent descriptive information.

**CONTINUE TO PAGE 2**

## ELECTRONIC MEDICAL DEVICES

(e.g., defibrillator, glucometer, pulse oximeter, cardiac monitor, ventilator, infusion pump, etc.)

**Device Name & Model Name/Number**

**Device Manufacturer**

**What accessory items/supplies were used?**

**Are the accessory items/  
supplies available for  
inspection?**

Yes

No

NA

**Did the device perform  
as intended on this  
patient prior to this  
failure?**

Yes

No

NA

**Did the device perform  
as intended before  
seeing this patient on  
THIS shift?**

Yes, during this shift's  
daily check

Yes, immediately prior  
to using on this patient

No

NA

## FOR ALL EQUIPMENT

**List in order of  
occurrence the  
troubleshooting steps  
performed and the  
result of each step.**

**Save your completed form. As soon as practical, email the  
completed form as an attachment to:**

[ATCOMDEquipmentFailureReport@austintexas.gov](mailto:ATCOMDEquipmentFailureReport@austintexas.gov)

For questions, refer to COGs, CP-67 or contact:  
Austin-Travis County Office of the Medical Director  
Quality & Patient Safety Program  
512-978-0000  
revised 5.21.2020

