

# Unplanned Return to Operating Room Incident Report

Date of Report

Name of Reporter

Department/Unit

Patient ID / MRN

Date of Birth

Original Procedure

Date of Original Operation

Date of Unplanned Return

Time of Unplanned Return

Reason for Unplanned Return

Procedure Performed on Return

Possible Contributing Factors

Actions Taken

Recommendations/Preventive Measures

Notified Parties (e.g., Physician, Risk Management)