



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

ADVERSE EVENT FORM - Duty to Avoid Causing Unjustifiable Risk or Harm

Employee Name		Supervisor Name		
Event Date				
Description of Adverse Event (Brief Description of Adverse Outcome, What Happened and Root Cause)				
Question			Yes	No
Was it the employee's purpose to cause harm?				
Did the employee knowingly cause harm?				
Was the harm justified as the lesser of two evils?				
Did the behavior represent a substantial and unjustifiable risk?				
Did the employee consciously disregard this substantial and unjustifiable risk?				
Should the employee have known he was taking a substantial and unjustifiable risk?				
Did the employee choose the behavior?				
Type of Behavior <input type="checkbox"/> No Fault (Did not know of procedure, impossible to follow the procedure) <input type="checkbox"/> Human Error <input type="checkbox"/> At-Risk Behavior <input type="checkbox"/> Reckless Behavior		Response to Behavior <input type="checkbox"/> None <input type="checkbox"/> Console <input type="checkbox"/> Coaching <input type="checkbox"/> Counseling <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> EAP Recommended		
System Design – Note any perceived problems with performance shaping factors that exist within the system and recommendations on how to modify these factors for risk reduction.				
Supervisor Comments				