Hospital:

# TRID Investigation Report

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| Reference |  |  |
| Concern Type |  |

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| --- | --- | --- | --- |
| Incident Date | Date Concern Identified | Report Date  | Complete Date  |
|  |  |  |  |

**Document Status and Version Tracking**

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| --- | --- | --- | --- |
| Version | Changes | Date | Author |
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1. **Clinical Background**
2. **Basis of Concern**
3. **Investigation Sources**
4. **Findings**
	1. General
	2. Patient Assessment
	3. Treatment
	4. Triage
	5. Transport
	6. Documentation
5. **Discussion**
6. **Summary**

1. **Action Points**

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| --- | --- | --- | --- |
| Number | Action Required | Deadline | Status |
| 1 |  |  |  |
| 2 |  |  |  |

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| --- | --- | --- |
| Action Point | Updated Information and Notes on Action Points | Date |
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