

**ARIZONA DEPARTMENT OF CORRECTIONS
SIGNIFICANT EVENT REVIEW REPORT SAMPLE**

CONTRACTOR NAME: _____

Arizona State Prison Complex Name: _____ **Date Submitted:** _____

Unit	
Inmate Name	
Inmate Number	
Send out date	
Date/ time symptoms began	
Time Inmate arrived at medical	
Time Inmate left medical	
Reason for transport (circle one)	MEDICAL ASSAULT SELF-INFLICT
Description	
Person ordering transport	
Transport mode (circle one)	ADC VAN AMBULANCE AIR
Air Vendor	
Other (Be specific)	
Lift Off Time (time from Security)	
Who ordered helicopter (circle one)	COMPLEX STAFF PARAMEDICS
Criteria for air transport	
Transport destination	
Admitted to hospital? (circle one)	YES NO