



Create New Report

Please provide the information below to start a new report.

Provider Type

Provider Name

-- Select --

-- Select --

- ABORTION CLINIC
- AMBULATORY SURGICAL CENTER
- ASSISTED LIVING FACILITY
- ADVANCED BIRTH CENTER
- CRISIS STABILIZATION AND SHORT TERM RTF
- HEALTH PLAN
- HOSPITAL
- HOME HEALTH AGENCY
- NURSING HOME
- RESIDENTIAL TREATMENT CENTER
- RESIDENTIAL TREATMENT FACILITY
- SKILLED NURSING UNIT
- UNLICENSED FACILITY



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Report Status History

Report #:

Report Status: NEW

Provider Name:

Report Type: Adverse Incident

Provider Type: Advanced Birth Center

Incident Date:

Provider Information

If any of the information on the Provider Information screen is incorrect, please contact the authorized individual in your facility to correct the information via the Online Licensing application. Provider information cannot be corrected in the AIRS application.

Provider Name

License #

File #

Phone

Fax

CMS Certification Number (CCN)

Address

City

State

County

Zip

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Advanced Birth Center Adverse Incident, AHCA Form 3140-2005 OL, August 2025 Rule 59A-11.035, F.A.C.

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Report Status: **NEW**

Provider Name:

Report Type: **Adverse Incident**

Provider Type: **Advanced Birth Center**

Incident Date:

Person Reporting Information

First Name

Last Name

Email

Phone

Title

-- Select --

License #

Save

Save/Next

Section Comments

Only Agency staff can add section comments. Please respond to section comments by editing the appropriate field(s) on the data entry screen. Go to the Comments section to see all comments for this report. Click here to view Comments in a new window.

Created Date	Comment	Created By
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Report #: Report Status: **NEW** Provider Name:

Report Type: **Adverse Incident** Provider Type: **Advanced Birth Center**

Incident Date:

Patient Information

First Name

Last Name

Patient #

SSN #

Patient Address

City

State

-- Select --

Zip

Age

-- Select --

Gender

☐ Male ☐ Female

Medicaid Recipient?

☐ Yes ☐ No

Medicare Recipient?

☐ Yes ☐ No

Save

Save/Next

Section Comments

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The social security information requested on this form is being collected for identification purposes. The collection of this information is imperative for the performance of the Agency's duties and responsibilities as prescribed by law and is governed by and authorized under Section 119.071, Florida Statutes.

- Report Details ⓘ
- Provider Information
- Person Reporting
- Patient Information
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Report #: Report Status: **NEW** Provider Name:

Report Type: **Adverse Incident** Provider Type: **Advanced Birth Center**


Incident Date:

Incident Information ⓘ

Incident Date



Incident Location



Incident Time - Slide to select time of incident

Equipment Involved?

☐ Yes ☐ No

 Save

 Save/Next

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Report #: Report Status: NEWProvider Name:

Report Type: Adverse IncidentProvider Type: Advanced Birth Center

Incident Date:

Outcomes

Check all that apply.

☐ Death.

☐ Brain or spinal damage.

☐ Permanent disfigurement.

☐ Fracture or dislocation of bones or joints.

☐ A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility.

☐ Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given informed consent; or,

☐ Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care.

Save

Save/Next

Section Comments

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Report Status History

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Report Type: **Adverse Incident**Provider Type: **Advanced Birth Center**

Incident Date:

Notifications

Medical Examiner Notified?

☐ Yes

☐ No

External Agencies Notified?

☐ Yes

☐ No

Was an autopsy performed?

☐ Yes

☐ No

Family Notified?

☐ Yes

☐ No

Save

Save/Next

Section Comments

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Created Date

Comment

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Advanced Birth Center Adverse Incident, AHCA Form 3140-2005 OL, August 2025 Rule 59A-11.035, F.A.C.

- Report Details
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Report #:

Report Status: NEW

Provider Name:

Report Type: Adverse Incident

Provider Type: Advanced Birth Center

Incident Date:

Individuals Involved

Add Individual

First Name	Last Name	Role	Involvement	License #	SSN #	Action
<div>Next</div>						

Section Comments

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Report #: Report Status: **NEW**Provider Name:

Report Type: **Adverse Incident**Provider Type: **Advanced Birth Center**

Incident Date:

Circumstances of the Incident (Narrative of Facts)

Add

Text	User Name	Date	Action
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Analysis of the Incident (Apparent Cause(s))

Add

Text	User Name	Date	Action
------	-----------	------	--------

Corrective Action Summary (Corrective or Proactive Actions Taken)

Add

Text	User Name	Date	Action
------	-----------	------	--------


Action

Next

Section Comments

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Supporting Documents

- The Agency scans supporting documents for viruses as they are uploaded to AIRS. **Expect a 30 second delay as the virus scan is running.** If a threat is detected, the document will not be uploaded to AIRS. Use your own virus scanning software to remove the virus and upload the document again. If you cannot clean the document or find an uninfected version of the file, you may have to recreate the document.
- To assist with a completed analysis of an adverse incident report, the agency shall have access to all licensed facility's records necessary to carry out the review of the record and/or adverse incident. Upon availability, please upload the following document(s):
 - Autopsy Report
 - Police Report
 - Amendments
 - Toxicology report
 - Additional Information
- You may attach **additional information** that does not fit neatly into any of the above categories as needed.
- Large documents** bigger than 4 GB must be broken down into multiple files before they will be accepted.

Document Type

-- Select --

Choose File No file chosen

Save

Next


Document Type	Document Name	Submitted By	Submitted Date	Status	Status Date	Action
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Section Comments

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Comments

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Created Date	Section Name	Comment	Created By
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Report Submission History

Please correct the errors listed below. Once all of the errors have been corrected, please submit the report.

Section Name	Error Description

5 items per page

1 - 5 of 32 items

Cancel Report

Section Comments		
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Report Status History

Status Code	Status Description	Created By	Status Date
NEW	The report was created but not submitted.		
<div><div></div><div></div><div></div><div></div><div>5</div></div> items per page <div>1 - 1 of 1 items</div>			

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