



Create New Report

Please provide the information below to start a new report.

Provider Type

-- 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

Provider Name

-- Select --

 AHCA Incident Reporting System - AIRS

Dashboard New Search Helpful Links AHCA Portal/Logout

Report Details ?

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 <input type="text"/>	Address <input type="text"/>
License # <input type="text"/>	City <input type="text"/>
File # <input type="text"/>	State <input type="text"/>
Phone <input type="text"/>	County <input type="text"/>
Fax <input type="text"/>	Zip <input type="text"/>
CMS Certification Number (CCN) <input type="text"/>	

Next

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

 AHCA Incident Reporting System - AIRS

Dashboard New Search Helpful Links AHCA Portal/Logout

Report Details	Report #:	Report Status: NEW	Provider Name:
Provider Information			
Person Reporting	Report Type: Adverse Incident	Provider Type: Advanced Birth Center	Incident Date:
Patient Information	Person Reporting Information		
	First Name	Last Name	
Incident Information			
Outcomes	Email	Phone	
Notifications			
Individuals Involved	Title	License #	
Investigation	-- Select --		
Supporting Documents			
Comments			
Review and Submit			
Report Status History			
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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AHCA Incident Reporting System - AIRS

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[+ New](#)
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Report Details
[?](#)

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

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

Incident Date:

Patient Information [?](#)

First Name <input type="text"/>	Last Name <input type="text"/>
Patient # <input type="text"/>	SSN # <input type="text"/>
Patient Address <input type="text"/>	
State <input type="text"/>	City <input type="text"/>
Zip <input type="text"/>	
Age <input type="text"/>	Gender <input type="radio"/> Male <input type="radio"/> Female
Medicaid Recipient? <input type="radio"/> Yes <input type="radio"/> No	
Medicare Recipient? <input type="radio"/> Yes <input type="radio"/> No	
<input type="button" value="Save"/> <input type="button" value="Save/Next"/>	

Section Comments

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Created Date	Comment	Created By

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.

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

Report Details 

Provider Information 

Person Reporting 

Patient Information 

Incident Information 

Outcomes 

Notifications 

Individuals Involved 

Investigation 

Supporting Documents 

Comments 

Review and Submit 

Report Status History 

AHCA Incident Reporting System - AIRS

Dashboard  Search  Helpful Links 

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

Section Comments

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Created Date	Comment	Created By
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 AHCA Incident Reporting System - AIRS

Dashboard + New Search ? Helpful Links

Provider Name:

Report #: Report Status: NEW

Provider Type: Advanced Birth Center

Report Details ^

Provider Information

Person Reporting

Patient Information

Incident Information

Outcomes ?

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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Created Date	Comment	Created By
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Advanced Birth Center Adverse Incident, AHCA Form 3140-2005 OI, August 2025 Rule 59A-11.035, F.A.C.

 AHCA Incident Reporting System - AIRS

Dashboard New Search Helpful Links AHCA Portal/Logout

Report Details		Report #: <input type="text"/>	Report Status: NEW	Provider Name: <input type="text"/>	▲			
Provider Information		Report Type: Adverse Incident Provider Type: Advanced Birth Center						
Person Reporting		Incident Date:						
Patient Information								
Incident Information								
Outcomes								
Notifications		Notifications <small>?</small>						
Individuals Involved		Medical Examiner Notified? <input type="radio"/> Yes <input type="radio"/> No External Agencies Notified? <input type="radio"/> Yes <input type="radio"/> No						
Investigation		Was an autopsy performed? <input type="radio"/> Yes <input type="radio"/> No Family Notified? <input type="radio"/> Yes <input type="radio"/> No						
Supporting Documents								
Comments								
Review and Submit								
Report Status History								
Section Comments								
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<table><thead><tr><th>Created Date</th><th>Comment</th><th>Created By</th></tr></thead></table>						Created Date	Comment	Created By
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2025 Rule 59A-11.035, F.A.C.

 AHCA Incident Reporting System - AIRS

Dashboard New Search Helpful Links priyabalaB  AHCA Portal/Logout

Report Details	Report #:	Report Status: NEW	Provider Name:
Provider Information			
Person Reporting			
Patient Information			
Patient Representative			
Incident Information			
Outcomes			
Notifications			
Individuals Involved			
Investigation			
Supporting Documents			
Comments			
Review and Submit			
Report Status History			

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

Incident Date:

Individuals Involved 

 [Add Individual](#)

First Name	Last Name	Role	Involvement	License #	SSN #	Action
						

Section Comments

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 AHCA Incident Reporting System - AIRS

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Report Details ?

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

Provider Information

Person Reporting

Patient Information

Incident Information

Outcomes

Notifications

Individuals Involved

Investigation

Supporting Documents

Comments

Review and Submit

Report Status History

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

Incident Date:

Circumstances of the Incident (Narrative of Facts) ?

Text	User Name	Date	Action
			+ Add

Analysis of the Incident (Apparent Cause(s)) ?

Text	User Name	Date	Action
			+ Add

Corrective Action Summary (Corrective or Proactive Actions Taken) ?

Text	User Name	Date	Action
			+ Add

Action

[Next](#)

Section Comments

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Created Date	Comment	Created By

 AHCA Incident Reporting System - AIRS

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Report Details
Provider Information
Person Reporting
Patient Information
Admission Information
Incident Information
Outcomes
Notifications
Individuals Involved
Investigation
Supporting Documents
Comments
Review and Submit
Report Status History

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

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

Incident Date:

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 --

No file chosen

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

Section Comments

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Created Date	Comment	Created By

 AHCA Incident Reporting System - AIRS

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Report Details

Report #:	Report Status: NEW	Provider Name:
Report Type: Adverse Incident Provider Type: Advanced Birth Center		
Incident Date:		

Comments

Only Agency staff can add section comments. Please respond to section comments by clicking on the Section Name link to navigate to the appropriate section and editing the field(s) on the data entry screen. Click here to view Comments in a new window.

Created Date	Section Name	Comment	Created By
Next			

Section Comments

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Created Date	Comment	Created By
Comments		

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Advanced Birth Center Adverse Incident, AHCA Form 3140-2005 OL, August 2021
Rule 59A-11.035, F.A.C.



Report Details	?
Provider Information	
Person Reporting	
Patient Information	
Admission Information	
Incident Information	
Outcomes	
Notifications	
Individuals Involved	
Investigation	
Supporting Documents	
Comments	
Review and Submit	
Report Status History	

Report #:

Report Status: **NEW**

Provider Name:

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

Incident Date:

Report Status History

Status Code	Status Description	Created By	Status Date
NEW	The report was created but not submitted.		

5 items per page

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