

Provider/Facility:	Month/Year:	County:	Individuals name:
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Name	UI#	Date & Time	INJURY	Home Name & Address	Location	Description of Incident (EXPLAIN THE RISK OF HARM)	Immediate Actions Taken to Ensure Health & Welfare	Causes and Contributing Factors	Prevention Plan	UI/ MUI

Reviewed by:

Title:

Date:

Trends and Pattern Identified?      Yes       No

Trends and Pattern Addressed?      Yes       No

If yes, please complete section below.

Action taken to address identified Patterns and Trends:

O.A.C. 5123:2-17-02 (M) (8) Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, location, and prevention measures.