UNUSUAL INCIDENT REPORT LOG

Provider/Facility:						Month/Year:	County:			
Name	UI #	Date & Time	Injury	Home Name and Address	Location	Description of the Incident (Explain the risk of Harm)	Immediate Actions Taken to Ensure Health and 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 preventive measures.