Unusual Incident Monthly Report Log for Independent Providers

All information needed to complete this form should come from the corresponding Unusual Incident Report that has already been completed.

Independent Provider Name: _____ **Provider Address:** _____ **Email Address:** _____ **Month:** _____ **Year:** _____

Providing services for the following consumers:

Name	Date and Time	Injury	Location	Description of Incident (Explain Risk of Harm)	Immediate Action Taken to Ensure Health & Welfare	Causes & Contributing Factors	Prevention Plan	UI
	am pm							☐
	am pm							☐
	am pm							☐
	am pm							☐
	am pm							☐

Reviewed By: _____ Title: Independent Provider Date: _____

Trends and Patterns Identified? YES No Trends and Patterns 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)(6) Each independent provider shall review all unusual incidents as necessary, but no less than monthly to ensure appropriate preventative measures have been implemented and trends and patterns identified and addressed as appropriate. O.A.C. 5123:2-17(M)(8) Each 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 preventative measures.

This form is to be completed, reviewed, and stored by the Independent Provider.

12/2013, revised 01/24/2014

Submitted by, Printed Name: _____ Date: _____

☐ By checking this box, I agree that my printed name I have entered above, will be the legal electronic representation of my signature.

If you are unable to utilize the "submit by email" button, this form can also be printed out and faxed to 440.326.0247, or scanned and attached to an email sent to IPemail@murrayridgecenter.org.

Submit to County by Email