**Unusual Incident Report Log**

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| Provider/Facility: | Month/Year: | County: Summit |

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| Individual’s Name | UI # | Date and Time | Injury | Home Name and Address | Location | Description of the Incident (Explain the risk of harm) | Immediate Actions Taken to Ensure Health and Safety | Causes and Contributing Factors | Prevention Plan | UI/MUI |
| January: \_\_\_\_\_\_ incidents. Also send MUI analysis to Summit DD Mui unit. (annual review of last year)February: \_\_\_\_\_\_ incidents.March: \_\_\_\_\_\_ incidents.April: \_\_\_\_\_\_ incidents.May: \_\_\_\_\_\_ incidents.June: \_\_\_\_\_\_ incidents.July: \_\_\_\_\_\_ incidents.August: \_\_\_\_\_\_ incidents. Also send MUI analysis to Summit DD Mui unit. (semi-annual of first half of this year)September: \_\_\_\_\_\_ incidents.October: \_\_\_\_\_\_ incidents.November: \_\_\_\_\_\_ incidents.December: \_\_\_\_\_\_ incidents. |

On any month you wrote an incident report-UIR or MUI fill in a blank UIR log form and enter the details.

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trends and Patterns Identified? Yes **🞎**  No **🞎**

Trends and Patterns Addressed? Yes **🞎**  No **🞎 If yes, Please complete section below.**

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| Action taken to address identified patterns and trends: |

O.A.C. 5123:2-17-02 (M)(8) Each agency 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.