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/MU
ewed by:	1			Title:		Date:				'
ds and Patte		d? YES	NO							
ds and Patte	rn Addresse			If yes, plea	se complete sect	ion below.				
ion taken to	address ide	entified Patterns an	d 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.