## UNUSUAL INCIDENT REPORT LOG

Provider/Fac	ility:				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	Cause
ewed by:				Title:		Date:		
nds and Patter	n Identifie	d? YES	NO					
nds and Patter	n Addresse	ed? YES	NO	If yes, plea	ase complete section	on below.		
		entified Patterns an						

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.

es and Contributing	Prevention Plan	UI/MUI
Factors		