

INCIDENT REPORT LOG

Provider Name: _____ Month/Year: _____ County: _____

Name	Date/Time	Injury	Address	Location	Description of Incident (Explain risk of harm)	Immediate Actions Taken to Ensure Health and Welfare	Causes and Contributing Factors	Prevention Plan	UI/MUI

(Complete Side 2)

Provider Signature: _____ 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.

DODD MUI 7/22/13