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

Reviewed by:_____ Title:_____ 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. 5123-17-02 (M)(8) Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall contain only unusual incidents as defined in paragraph (C)(25) of this rule and shall include, but is not limited to, the name of the of the individual, a brief description of the unusual incident, any injuries, time, date, location, cause and contributing factors and preventive measures. (M)(9) Members of an individual's team shall ensure that risks associated with unusual incidents are addressed in the individual plan or individual service plan of each individual affected.