

## Unusual Incident Monthly Report Log for Independent Providers

All information needed to complete this form should come from the corresponding Unusual Incident Report that has already been completed.

Independent Provider Name: \_\_\_\_\_ Provider Address: \_\_\_\_\_ Email Address: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Providing services for the following consumers:

Name	Date and Time	Injury	Location	Description of Incident (Explain Risk of Harm)	Immediate Action Taken to Ensure Health & Welfare	Causes & Contributing Factors	Prevention Plan
	<input type="checkbox"/> am <input type="checkbox"/> pm						
	<input type="checkbox"/> am <input type="checkbox"/> pm						
	<input type="checkbox"/> am <input type="checkbox"/> pm						

Reviewed By: \_\_\_\_\_ Title: Independent Provider \_\_\_\_\_ Date: \_\_\_\_\_

Trends and Patterns Identified?  YES  No Trends and Patterns Addressed?  YES  No (If YES, please complete section below.)

Action taken to address identified Patterns and Trends:

  
  
  

**This form is to be completed, reviewed, and stored by the Independent Provider every month.**

Submitted by, Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I agree that my printed name I have entered above, will be the legal electronic representation of my signature.

***If you are unable to utilize the "submit by email" button, this form can also be printed out and faxed to 440.326.0247, or scanned and attached to an email sent to [IPemail@murrayridgecenter.org](mailto:IPemail@murrayridgecenter.org).***