

# Unusual Incident Report Log

Log Author: \_\_\_\_\_

Program/reporting provider: \_\_\_\_\_

Month/Year: \_\_\_\_\_

**Key for Incident Types:**

1. Medication Error 2. Fall with Injury 3. Non-MUI Peer to Peer 4. Other Non-MUI Injury	5. Overnight Relocation 6. Other (Explain) 7. ER Visit 8. Injury – Self-Inflicted	9. Suicide Threat 10. Transportation 11. Atypical Behavior 12. Non-MUI-Law Enforcement
--	--	---

Name	Date/Time	Incident Type Use Key	MUI# Yes/No	Injury Report Made? Yes/No	Location Of Incident	Reported By	Description Of Incident (Explain the Risk of Harm)	Contributing Factors	Intervention Immediate Action	Prevention Plan

**Monthly Review of Trends and Patterns**

<b>Date:</b>	<b>Comments:</b>

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_