

Unusual Incident Report Log

Log Author: _____

Program/reporting provider: _____

Month/Year: _____

Key for Incident Types:

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

Monthly Review of Trends and Patterns

Date:	Comments:

Date: _____

Reviewed by: _____