UNUSUAL INCIDENT LOG

Attachment 6-A

Facility Name: **County:**

UI #	DATE	TIME AM/PM	LAST NAME	INJURY	CAUSE	LOCATION	REPORTED BY	ACTION TAKEN	OUTCOME

UNUSUAL INCIDENT LOG

Attachment 6-B

Facility Name: **County:**

TYPE ----------→

Name	Falls	Med Error	Bruises	Peer to Peer	Property Destruction	Crisis Intervention	Restraint	Rights Violation	Minor Injury