

Address: _____

PROVIDER NAME: _____

For the month/year _____

Name	UI#	Date	Type	Time	Injury?	Name of Home & Address	Location (room)	Person perpetrating incident	Report by & Direct Witnesses	Description of the Incident (Explain the risk of Harm)	Contributing Factors	Intervention Immediate Action	Prevention Plan	Possible MUI? Describe why or why not.

Per MUI Rule, provider must review logs for trends/patterns at least on a monthly basis.

Reviewed by: _____ Title _____ Date _____

Trends and Pattern Identified? Yes No

Trends and Patterns Addressed? Yes No

Actions taken to address identified Patterns and Trends:

Please fax to Karen Gallagher @ 330-799-2794 or email Kgallagher@mahoningcountyoh.gov