To_____, Supervisor UNIT: _____
SHIFT: _____
FROM _____ DATE: _____

.....

I have notified you at the start of this shift that the staffing provided is not adequate to meet the needs of the patients on this unit at this time. You have failed to provide proper staffing.

Please be aware that while I will do all that I can to insure safe and proper care for my patients, I fear that my efforts and those of the staff will not be sufficient.

Therefore, I am informing you that I cannot take responsibility for any error or incidents that take place as a result of the unsafe conditions the Medical Center has created.

Signature: _____
_____
_____
_____

cut here

UNION COPY

I have sent notice to my supervisor that staffing levels were inadequate to meet patient care needs and that in my professional opinion, unsafe conditions exist. No remedy was provided and I notified her of the Medical Center's responsibility for errors and incidents that may result.

_____ _____ _____ _____
DATE UNIT SHIFT SUPERVISOR

Signatures

# of RN's scheduled _____ Census _____
# of Secretaries: assigned or covering _____ No Secretary provided _____
#of PCA/PCT _____ # of Monitor Techs _____
Acuity Index _____
Amount of time RN provided coverage for breaks/meals for monitor tech and/or sitter _____ (hours/min).

(Please describe conditions on back of this lower portion. Thank you.)