## HPAE LOCAL 5004 LABOR & DELIVERY UNIT

Γo, Superviso	or UNIT:
FROM	SHIFT: DATE:
I have notified you at the start of this shift that the patients on this unit at this time. You have	the staffing provided is not adequate to meet the needs of failed to provide proper staffing.
Please be aware that while I will do all that I ca that my efforts and those of the staff will not be	on to insure safe and proper care for my patients, I fear e sufficient.
Therefore, I am informing you that I cannot tak as a result of the unsafe conditions the Medical	te responsibility for any error or incidents that take place Center has created.
Signature:	
	cut here
that in my professional opinion, unsafe condition the Medical Center's responsibility for errors a	g levels were inadequate to meet patient care needs and ons exist. No remedy was provided and I notified her of and incidents that may result.  UPERVISOR
Signatures	
# of RN's scheduled # of RN's who are Census at start of shift: Census at each Acuity Index # of Admissions # of phase 1 patients # of patients in # of patients requiring 1:1 (explain # of Secretaries: assigned or covering # of PCA/PCT (Please describe conditions on back of this low	active labor # of patients with C-section on back of form)  No Secretary provided
Place in locked union mailbox in nur	sing office or fax to union office at 201-262-4335.

HPAE Local 5004 form revised 2015