

Notice of Unsafe Staffing Situation

To: _____ Date/Time: _____ / _____

Supervisor: _____ was notified that, in my/our professional opinion the number of staff assigned to _____ (Unit, Shift) was inadequate to meet the needs of our patients and placed both the patients and staff at risk.

Please be advised that, in spite of the unsafe staffing situation, we attempted to carry out our responsibilities and provide patient care to the best of our ability. I/we notified the supervisor that he/she will be responsible for any error or incident that may occur from this situation.

Signed: _____

Comments: _____

Census# _____	RN #: _____	Nursing Assistants# _____	U. Secretary: Yes ___ No ___
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Nurse Initial	# of pts.	Completes	IV/SL	Blood/Chemo	OR	ISOL	Feeds	Tubes	Restraints	Missed Break	Confused patient	Other

White copy to supervisor

pink & yellow to union box