Provider Name & Address:		
DODD – Possi	ble or Determined MUI Report	Form
Individual's Name:		DOB:
Address:		City/County:
Date of Incident: Time of Inc		
Location of Incident (home in bathroom, at the ma	all, lunchroom at work):	
Description of Incident (Who, What, Where, Whe	n):	
	,	
Injury - Describe Type & Location:		
The second of the second secon	P 5.11-	
Immediate Action to Ensure Health & Welfare of I	ndividuais:	
		•
Name of PPI(s):	Relationship to Individual:	
Witnesses to Incident:	Others Involved:	
Withesses to moldent.	Others involved.	
Type of Notification	Name/Title	Date/Time
Guardian / Advocate		
SSA (required for Independent Providers0		
Licensed or Certified Provider		
Staff or Family living at the Individual's home & responsible for the individual's care.		
LE (Name, Badge Number, Jurisdiction, and contact information required for Law Enforcement		
CPSA (Name and contact information required for Children Services)		
County Board		
Administrator (Required for ICF)		
Support Broker (If applicable)		

Additional Information/or Administrative Follow-Up:  A. Further Medical Follow-up:				
B. Administrative Action:				
Signature:	Title:	×	Date:	
Body Part Injured: O Head or Face O Neck or Chest O Mouth / Teeth O Abdomen O Hands / Arms O Back / Buttocks O Feet / Legs O Genitals O Other				
Causes and Contributing Factors:				
Preventive measures: (For Provider's internal use)				
Administrator Review:	D	ate:		

## **UNUSUAL INCIDENT REPORT LOG**

	i) M									
	กเ/พบเ		 	,						
	Prevention Plan									
	Causes and Contributing Factors									
County:	Immediate Actions Taken to Ensure Health and				,					
Month/Year:	Description of the Incident (Explain the risk of Harm)									
	Location									
	Home Name and Address									
	Injury									
ity:	Date & Time	:								
r/Facil	# 5						:		 	
Provider/Facility:	Name					-				

Reviewed by:				Title:	
Trends and Pattern Identified?	YES	8	SECULO SE		
Trends and Pattern Addressed?	YES	9		If yes, please complete section below.	
Action taken to address identified Patterns and Trends:	Patterns and Tre	nds:	;		
O.A.C. 5123:2-17-02 (M)(8) Each agency provider and independento, the name of the individual, a brief description of the unusual is	cy provider and i	ndepen e unusu	dent pro	O.A.C. 5123:2-17-02 (M)(8) Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any	ide, but is not limited

O.A.C. 5123:2-17-02 (M)(8) Each agency provider and incto, the name of the individual, a brief description of the injuries, time, date, location, and preventive measures.