



Federation of Nurses/UFT



52 Broadway
New York, NY 10004
212-420-7981

SHORT STAFFING INCIDENT REPORT

(PLEASE PRINT EXCEPT WHERE SIGNATURE IS REQUIRED)

TO: _____, Supervisor

Refused Form

FROM: _____, Registered Nurse

DATE OF INCIDENT: _____

UNIT: _____ SHIFT: _____

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

Please be aware that while I do all that I can to ensure safe and proper nursing 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 Hospital has created.

Patient Census	
# of RNs on Duty	
# of RNs Scheduled	
# of Sick Calls	
Sick Calls Replaced:	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Sick Calls Replaced	
# of RNs Floated Out of Unit	

Patient Acuity Level:

Room #	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
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# of Transfers	
# of Discharges	
# of Admissions	
# of Hallway Patients	

COMMENTS (Please include any missing or absent PCT's or Clerks):

PRINT NAME CLEARLY

SIGNATURE:

Please submit the original to your supervisor. Make at least one copy for yourself and mail a copy to Anne Goldman, Federation of Nurses/UFT, 52 Broadway, New York, NY 10004 or fax to 212-510-6436.