UNSAFE STAFFING FORM

Teamsters Local 79 5818 E. Dr M.L King Jr, Blvd Tampa, Florida 33619

Phone: (813) 621-1391 Fax:(813) 626-7915

DateTime		Unit/Department	Shift
То:		From:	
(Charge Nurse)	(R.N Initiating the Compliant)		
Prior to this report, you have been verbally not department/unit at this time and correspond request for adequate staffing has NOT been sprocedure. The undersigned complaints interpressional appropriately, we fear our efforts with	lingly, a request has been ma satisfied, this written report nd to ensure safe and prope	vels are not adequate to meet ade to remedy the unsafe staff is being submitted in accordan r care to patients, however, bed	the needs of the patients in this ing situation A.S.A.P. Because our verbal ce with the Nurse Staffing Committee cause management's inaction and failure to
respond appropriately; we fear our efforts will be insufficient. Therefore, the undersigned affected RNs shall be HELD HARMLESS and INDEMNIFIE for any errors or incidents arising from unsafe Staffing Conditions that the hospital has created:			
Patient Census # RNs on Duty		Unit Clerk Monitor Tech	Yes No Yes No
# LPNs on Duty		# Nurses floated out of unit	
# Downgrades in Unit		# Vented Patients	
# PCT/CNA/Nurse Interns		# Isolation Patients in Unit	
Inappropriate number of professional staff Inappropriate number of ancillary Staff Unexpected Call Outs Charge Nurse in care Negative Outcomes Resulted from Unsafe staffing Compromised safety/injury Delayed/Postponed Treatment Inadequate Observation/Monitoring Death Delayed/Incomplete documentation Delayed/Omitted Education Delayed or Omitted Hygiene Inappropriate number of per Diem/floats/temps Exposure to Violence in Unit Charge Nurse in care Assignment is excessive and possesses a threat to Safety of patients Pts were Transferred, Discharged, or Admitted to unit without Adequate staff Staff Working Mandatory Overtime Staff not oriented to Unit Staff Not Trained Or experienced at equipment and or procedures Staff Exposed to Violent Situation without Proper Response to situation Omitted Psych/Social Support			
Comments			
RN Print Name		RN Signature	