

Report an Unsafe Assignment or Workplace Safety Issue

Select your workplace:		
Providence Alaska Medical	Center	
Central Peninsula Hospital	& Heritage Place	
PeaceHealth Ketchikan Med	dical Center	
Name:		
Personal Email:		
Cell Phone:		
Employee ID Number:		
Date and Time of Incident:		
Select Issues:		
Staffing	Missed Breaks & Meals	Workplace Injury or
Equipment & Supplies	Workplace Violence	Illness
System Failure		Other

Please provide details about the incident you are reporting:

Please describe the incident and include details on unintended consequences to the patient (e.g. delayed medication, documentation) or to the nurse (e.g. no continuity of care, missed break, injury):



Unit / Location:
Shift:
Census:
Number of patients assigned to you
Number of admissions to unit on shift:
Number of discharges on unit during shift:
Number of transfers in/out of unit on shift:
Number of RNs:
Number of LPNs:
Number of PCTs, CNAs:
Other Staff:
Actions Taken:
I filed an incident report at work
I notified a supervisor
This was resolved on my shift
Other:

How to Submit Your Form

This form should be submitted to AaNA and your local union leaders. You should also keep a copy of this completed form. You can fax your form to 907-272-0292 or send it via email to the appropriate address below:

<u>Providence Alaska Medical Center</u> Email to prn@aknurse.org

<u>Central Peninsula Hospital & Heritage Place</u> Email to cph@aknurse.org

<u>PeaceHealth Ketchikan Medical Center</u> Email to ktn@aknurse.org