



## Report an Unsafe Assignment or Workplace Safety Issue

Use this form to document unsafe assignments & workplace safety issues. Your report is confidential & helps AaNA achieve our mission to improve nurse & patient safety.

Date of incident: \_\_\_\_\_

**Select Workplace**

- Providence Alaska Medical Center
- PeaceHealth Ketchikan Medical Center
- Central Peninsula Hospital & Heritage Place
- Other

First / Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Unit / Department: \_\_\_\_\_ Shift: \_\_\_\_\_

**Select Issue (s):**

- Staffing
- Workplace Injury or Illness
- Missed Break/Meal
- System Failure
- Equipment/Supplies
- Other

Please provide details about the incident you are reporting.

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Which of the following were contributing factors to the issue?

<i>Your patient assignment #</i>	<i># RNs</i>	<i>PCT/CNAs #</i>
<i># Admissions</i>	<i># Discharges</i>	<i># Transfers</i>
<i># LPNs</i>	<i>Census #</i>	<i># Other staff</i>

Did charge nurse have patient assignment? Yes / No

**Actions Taken:**

- Filed an incident report at work
- Notified a supervisor
- This was resolved on my shift
- Other

Submit Form

Fax to 907-272-0292 or E-mail to [aknurse@aknurse.org](mailto:aknurse@aknurse.org)