

## ***WORK SITUATION REPORT***

**1. Time and Location**

Worksite/Work Unit \_\_\_\_\_

Date \_\_\_\_\_ Shift \_\_\_\_\_

**2. Staffing**

a) Describe the staffing level at the time of this situation. If the actual staffing differed from normal staffing, explain how.

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b) Did you miss a meal period? \_\_\_\_\_ A rest period? \_\_\_\_\_

**3. Work Situation**

Describe the Work Situation that affected planned patient/client care, and, patient/client welfare.

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**4. Contributing Factors**

Indicate any special circumstances that contributed to this situation, i.e. (unusual procedures or orders, unfamiliar equipment, special conditions).

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5. **Attempted Remedy**

At \_\_\_\_\_, \_\_\_\_\_ was notified.  
Time Manager/Supervisor

a) If not notified, why? \_\_\_\_\_

b) Describe any corrective action that was taken, and the results.

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6. **Employee Recommendation(s)**

Summarize your suggestions for ways of alleviating the situation, or preventing it's reoccurrence.

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Signature

Position

Date of Report

7. **Manager / Supervisor's Response**

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Date

Signature

8. For Professional Practices Committee Use Only

Report reviewed by Committee:

\_\_\_\_\_

Date

Employee(s) notified of recommendations:

\_\_\_\_\_

Date

\_\_\_\_\_  
Local President /  
Worksite Representative

\_\_\_\_\_  
Director of Nursing /  
Designate