HCBDD
Hocking County Board of Developmental Disabilities

UI/MUI INCIDENT REPORT FORM

Individual:	DOB:	Hocking County

Address:	Phone Number:

Date/Time of Incident:_____, time:_____	MUI Discovery Date: **(To be completed by the MUI contact ONLY)** Date/Time : _____ _____AM/PM

Location of Incident (home in bathroom, at the mall, lunchroom at work, etc):

Description of Incident (Who, What, Where, When): (if more space is needed use additional sheet of paper)

Immediate Action to Ensure Health & Safety of Individuals:

Name of PPI(s):	Relationship to Individual:
Witnesses to Incident:	Others Involved:
(When incident was reported to HCB of DD) Date/Time : _____	Who reported incident to HCB of DD:

Type of Notification * (**Must be notified** unless they are the PPI)	Name/Title	Date/Time	Note how made: (i.e. telephone, Voice message, Copy, in person)	Notification Made by: (Initials)
*Guardian / Individual				
*SSA or ICF/DD Liaison				
*Licensed or Certified Provider				
*Staff / Family / Advocate/ Support Broker				
LE / CSB / APS				
Adult Services Staff Assigned				
MUI Contact: (for potential MUI's only)				
Director of Adult Services				

Recorder's Signature: _____ Date: _____ Time: _____

Administrative Staff / Designee Signature: _____ Date: _____

Additional Information and/or Administrative Follow-Up:

A. Further Medical Follow-up:

B. Administrative Action:
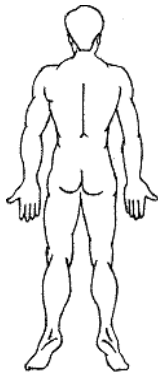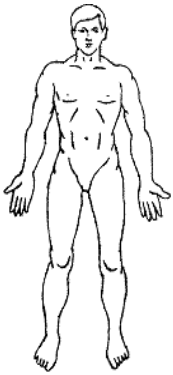
Injury – Describe Type & Location:

Tracking Category:	Potential MUI: ☐ Yes ☐ No MUI #:
_____ _____ SSA / PC Signature: Date:	**Distribution Instruction by SSA / PC:** ☐Individual ☐Parent ☐Guardian ☐ Safety Committee ☐Behavior Spec ☐Nursing ☐Provider _____ ☐Other_____

R   L   R

Body Part Injured:

☐   Head or Face   ☐   Neck or Chest
☐   Mouth / Teeth   ☐   Abdomen
☐   Hands / Arms   ☐   Back / Buttocks
☐   Feet / Legs   ☐   Genitals
☐   Other _____

Cause and contributing factors:

Preventive measures:

LOG TRACKING CATEGORY: To be completed by PC or SSADA only

☐HVI   ☐ Cleaning Services   ☐Transportation   ☐ HCB Sponsored Events / Services   ☐Community

Revised: 2/14/20

_____Logged and Distributed per SSA / PC instruction