



MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS SHORT STAFFING INCIDENT REPORT

(Please fill out form digitally and then either use electronic signature or print to sign.)

Unit:

Shift:

Date of Incident:

Time:

I have made my issues known to (supervisor): Name:
for the reasons stated below:

Title:

Insufficient number of RNs

High acuity patients

Insufficient number of ancillary staff (explain)

Other:

Census

Unit Demographics:

Census:

Bed capacity:

Admissions:

Transfers:

Discharges:

Briefly Describe the Problem:

**Signatures of RN staff filing Staffing Report Form confirming that the staff notified
(Supervisor's Name) that this shift's RN assignments were unsafe and placed our patients at risk.**

Supervisor's Response:

Nursing Administrative Use Only:

Management Response:

Please send form via fax to NJNU at 973.992.8410.