



HPAE Local 5106

Notice of Unsafe Staffing Situation

To: Department/Unit Manager Date: _____

At: _____, _____ was notified that, in
(time) (Manager or Supervisor)
my/our professional opinion, the number of staff assigned to _____ was inadequate
(Unit/department)
to meet the needs of our patients and placed both these patients and the staff at risk or
caused a delay in services. Please be advised that, in spite of the short staffing situation,
we attempted to carry out our responsibilities and provide patient care/services to the
best of our ability.

Signed: _____

The following problems and events may have been the result of unsafe staffing:

Delay in care

Delay in services

Delay in results of studies

Inability to provide for patient needs

Other(explain) _____

Instructions: *Give a copy of completed form to Nursing office and member of the Staffing Committee or LEB.*