

Documentation of Unsafe Staffing Situation

DATE:

(RN Name)

(Unit)

(Shift)

Under the laws of this state, as a registered professional nurse, I am responsible and accountable to my patients. Therefore, this is to confirm that, in my professional judgment, today's assignment is unsafe and places my patients at risk. I will continue to provide the best work possible in situations like this, but I decline to accept any legal responsibility for any untoward events that may occur as a result of unsafe staffing by the hospital.

I will, under protest, attempt to carry out the assignment to the best of my professional ability.

(Signature)

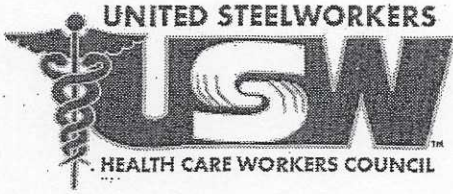
This document should be turned into your department's staffing point person or mailed to

District 4 Office c/o Del Vitale

2025 Lincoln Highway

Suite 130

Edison, NJ 08817



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BRIEF SUMMARY:-

HOW THE PROBLEM CAN BE AVOIDED:

ASSIGNMENT: NURSES ON DUTY AND NUMBER OF PATIENTS:
