



UNSAFE EQUIPMENT AND CONCERN

First, notify your supervisor of the broken/ unsafe equipment. You may address any issue or concern regarding unsafe hospital conditions that affect you and patient safety. If your supervisor does not make a satisfactory commitment, complete this form and fax to Donna Sigaty, RN @ 951-782-9377. These issues will be presented during the every other month Labor Management Committee meeting

Name _____ Date _____

Classification _____ Home/Cell Phone _____ Time _____

Facility RCH Unit _____ Shift _____

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I/we notified you that, in my professional judgment, the following is unsafe and places my/our patients at risk. As a result, this facility is responsible for any adverse effects on patient care. I/we will, under protest, attempt to work using unsafe equipment to the best of my/our ability.

In my/our professional opinion, this equipment is unsafe because (check appropriate items):

- Broken, disabled equipment
- Missing parts on equipment
- Electrical (structural repairs)
- Lighting (structural repairs)
- Plumbing (structural repairs)
- Lack of equipment (thermometers, portable pulse oximeters, B/P machines)
- Other _____

Describe Concerns/ problems (may write on back) _____

Describe how this impacts patient safety (may write on back) _____

Submitted to Supervisor/ Manager: _____ **Date** _____

Response: _____

Instructions:

1. Complete this form when broken/unsafe equipment or condition is first noticed.
2. Give a copy of this completed form to your immediate Supervisor or Manager and keep the original.
3. Fax or mail a copy of this form to: Donna Sigaty, RN @ SEIU Local 121RN. Fax: (951) 782-9377 or mail: 3638 University Street, Suite 221, Riverside, Ca 92501