

ALLIANCE NURSING

**SAFETY CONCERN FORM
SAFETY IS EVERYONES RESPONSIBILITY!**

Person Completing Form: _____ **Date:** _____

People that could be potentially harmed-

Location:

- Client**
- Family**
- Staff**

- School**
- Home**
- Transportation**
- Other**

Description of safety concern:

TIME: _____ **DATE:** _____

Investigation by Supervisor: _____

TIME: _____ **DATE:** _____

Supervisors Plan: _____

TIME: _____ **DATE:** _____

Supervisor

Date

Have you ever noticed a potentially hazardous situation that could lead to injury? Please report these safety concerns to prevent accidents! Call the clinical supervisor within 24 hours unless you deem it urgent then please call immediately.