

## Work Situation Report (WSR) Investigation Sheet

WSR #:		
77311 <del>11</del> .		

LOCAL INFORMATION				
Facility/Agency Name			Local #	
Prepared By			Position	
<b>Contact Information</b>	Phone #		Email	
OUT-OF-SCOPE MANAG	GER/SUPERVISOR			
Name (Last, First)			Designation	
Title			Phone	
Email			_	
FACTS OF THE ISSUES				
1. Unit/Department		2. Sh	ift Details	
		Da	ite (DD/MM/YY)	
		Da	y of the Week	
		Sh	ift	
3. Issue as Identified by	Member			
4. Discussion with Mem Date & Time	ber			Reoccurring at unit level
5. Witness Discussions				
Witness Notes			Date & Time	
Witness			Date & Time	

6.	Root Cause o	f Issue									
7.	Impact on Sa	fety/Risk of	<b>Harm</b> (ch	eck all that ap	oply)						
	Patient Safet	у	Actual 🗆	1	Potential 🗖						
	Nurse Safety		Actual 🗆	]	Potential 🗖						
ISS	UE TYPE/VIOL	ATION									
	Reoccurring E							of Code of			
	Breach of Prof			•			Other: _				 -
	Breach of Emp			ures/Work St	andards						
					ant information	,					
	Employer Poli		oneer am	a accaent ciev	arre mjormacion		Shift Sc	hedule/M	aster Ro	tation	
	Employer Com	nmunication									 _
	Communicatio										
РО	TENTIAL RESO	LUTION IDEN	ITIFIED B	SY MEMBER							
	CAL PRESIDEN	T/EXECUTIVE	Е СОММІ	UNICATION							
Da	te	T/EXECUTIVE	Е СОММІ	UNICATION	Time						
Da <sup>1</sup>	te cussion &	T/EXECUTIVI	ЕСОММ	UNICATION	Time			_			
Da <sup>1</sup>	te	T/EXECUTIVI	E COMMI	UNICATION	Time			_			
Da <sup>1</sup>	te cussion &	T/EXECUTIVI	E COMMI	UNICATION	Time			_			
Dat Dis Ne	te cussion & xt Steps										
Dai Dis Ne	te cussion & xt Steps thod	☐ Phone ca	all 🚨	Face-to-face	☐ E-mail			_			
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**FACTS OF THE ISSUE (continued)**