



**Seven Hills – Rhode Island, UNAP Local 5068  
Assignment Despite Objection, Unsafe Staffing and Equipment Form**

To: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Work Site: \_\_\_\_\_ Shift: \_\_\_\_\_

I have notified you that the staffing and or safe accommodations are not adequate to meet the needs of the participants in this department at this time. Proper staffing has not been provided.

Please be aware that while I will do all that I can to ensure safe and proper care for the participants, I fear that my efforts and those of the staff will not be sufficient.

Total Number of participants \_\_\_\_\_ Staff \_\_\_\_\_

Signature (s): \_\_\_\_\_  
\_\_\_\_\_

Please write down the reason for this unsafe staffing/equipment form (be specific and detailed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional risk factors:

Equipment failure/lack of, describe \_\_\_\_\_

Staff not trained, describe: \_\_\_\_\_

Building issues, describe: \_\_\_\_\_

Further Explanation: \_\_\_\_\_  
\_\_\_\_\_

Management's response to this form was  Acceptable  Unacceptable

Explain: (more space on back)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Remember before filling this document out, you must talk with the manager on duty to request a satisfactory remedy. If not satisfied with management's response fill out this document and fax to Jeanne Jose at (401) 831- 3677, or you can forward the completed document to Michelle Armstrong.**

**\*This space is for the Seven Hills Managers Response to the submission of form:**

\_\_\_\_\_

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ (more space on back)

