

PM Form 7.3.2

Seclusion and Restraint Level 1 Facility Monthly Occurrence Summary Report			
Level 1 Facility:		Reporting Month/Year:	
Total Number of Incidents during reporting period (include all seclusion/restraint/pharmacological restraints in total number)			
Total Number of hours spent in seclusion and restraint during the reporting period:			
Name of person completing this report:			
Phone # of person completing report:			
Date report is faxed to NARBHA:			