



ASSIGNMENT DESPITE OBJECTION (ADO) FORM

PCA/PCT Bargaining Unit at OSU Wexner Medical Center

Use this form to submit a staffing objection or other patient care-related safety complaint to your supervisor.

- DO inform your supervisor verbally as soon as you are aware of circumstances giving rise to your objection.**
- DO make a copy of the completed ADO form for yourself and submit one to your IAM Union Representative.**
- DO NOT use patient names or any other patient identifying information.**
- DO NOT use this form if you are not working in an IAM-represented position.**

Facility Name: _____ Unit: _____ Date: _____

Name(s): _____

Classification: Patient Care Associate (PCA) Senior PCA Lead PCA
 Psychiatric Care Technician (PCT) Senior PCT Lead PCT

Phone: _____ Email: _____

Name of Supervisor: _____ Supervisor Email: _____

NOTICE TO SUPERVISOR/EMPLOYER: This is to confirm that I/we notify you that in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the employer is responsible for any adverse effects on patient care. I/we request immediate remedial action by management; I/we disclaim liability for any acts or omissions that may result from my/our acceptance of this assignment. I/we will, under protest, attempt to carry out the assignment to the best of my/our ability.

In my professional opinion, this assignment is unsafe because (check all that apply):

- Unit/department staffing is inadequate
- Lack of training/orientation in the area/type of work assigned
- Equipment and/or supplies inadequate or appropriate training to use them not provided
- New patients were admitted or transferred without additional staff
- Involuntarily forced to work beyond scheduled hours (mandatory overtime)
- Patient should be in a different unit/department due to medical needs
- Missed meal period Missed rest break period Missed multiple rest break periods
- Other: _____

Patient staffing count: Census: _____ Department/Unit Capacity: _____ **Acuity:** High Average Low

Staffing on Date of Objection:

	Regular	Float	Registry/Other	Total Staff
PCAs/PCTs				
RNs				
Other				

Brief Description of Unsafe Conditions: _____

Signed by: _____

Take a photo of your completed ADO form prior to submitting the paper copy to your supervisor. Send the photo to your Union Representative Rich Nadeau by email at rnadeau@iamaw.org or by text at (614) 214-7538.