



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

Department of Health and Human Services
Licensing and Regulatory Services
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John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

**SENTINEL EVENT
Annual Notification Form**

Facility: _____

Address: _____

Telephone: _____

E-Mail: _____

RE: Sentinel Event Annual Notification Report

The Rules Governing the Reporting of Sentinel Events, 10-144 CMR 114, at Section 2.7 states:

2.7 Annual Notification. By January 30 of each year, on a form provided by the SET (Sentinel Event Team), each health care facility must send the SET a written notice that contains an affirmative statement that it reported, in accordance with Section 2.2, all sentinel events that occurred in the prior calendar year.

“I affirm that our facility has reported all Sentinel Events to the Division of Licensing and Regulatory Services.”

Administrator/CEO: _____
(Please Print)

Signature: _____

Date: _____

Caring..Responsive..Well-Managed..We are DHHS.