

RAPID FLOW TEST CENTRE - STAFF SIGNING IN SHEET

Date:

Site Name:



No	LAST NAME	FIRST NAME	COMPANY	TEMP	ARRIVAL	END	EMERGENCY	LOCKER	TEST
				ON ARRIVAL	TIME	TIME	CONTACT	NO	(Y/N)
1									
2									
3									
4									
5									
6									
7									
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10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

ALL STAFF MUST SIGN IN DAILY BEFORE THE START OF THEIR SHIFT. THANK YOU

feedback@number8events.com