

Psychiatric Health Facility Staff and Visitor Emergency Tracking Log

Incident Name	Operational Period	Total # of Staff/Visitors on Unit at Incident Start								
	Date: _____ to _____ Time: _____ to _____	LVNs/ PTs	RNs	PAs/ NPs	MDs/ DOs	Admin	SW	RT	Visitors/ Other	TOTAL

Name	Category	Current Location 1	Date/Time	Current Location 2	Date/Time
	<input type="checkbox"/> LVN/PT <input type="checkbox"/> Admin <input type="checkbox"/> RN <input type="checkbox"/> SW <input type="checkbox"/> PA/NP <input type="checkbox"/> RT <input type="checkbox"/> MD/DO <input type="checkbox"/> Other		Date: _____ Time: _____		Date: _____ Time: _____
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Prepared By
NAME: _____ SIGNATURE: _____

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