Day sheet for contact tracing

Employee Name: _____

Contact Tracing Information						
Date	**Name of person(s) I have had contact with** E.g. colleague, contractor, client, therapist, carer, family, maintenance man, receptionist etc.	**Where was contact** E.g. assembly bench, bathroom, Cubro café, inwards door, outdoor table, front door, carpark, food outlets,	**Other comments** E.g. transport to or from work, PPE used,	**Contact number and destination address** Not required if person is a Cubro employee.	**Time In**	Time Out

Day sheet for contact tracing

Employee Name: _____