Sign-in Register for employees, contractors, anyone who enters the site

Contact Tracing Information					I Declare that I HAVE NOT: (Please sign)	Time In	Time Out
Date	**Full name**	**Person visiting or state not applicable**	**People you travelled with**	**Contact number**	• arrived into NZ within the past 14 days • been in contact with someone with COVID-19 symptoms • had any COVID-19 symptoms		