Room Entry Log

Room number _____ **Date** _____

Name	Designation (RN/MD/ES/Visitor etc.)	AHS Employee # or CPSA #	Time in	Time out	Contact information if not AHS employee	Comments

February 2019

Alberta Health Services

Infection Prevention & Control

Name	Designation (RN/MD/ES/Visitor etc.)	AHS Employee # or CPSA #	Time in	Time out	Contact information if not AHS employee	Comments

February 2019

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