

DSO 02/2017 - Annex D

Daily Visitors Record (New form to be completed each day)

1	Date	
2	Name	
3	Atlas ref	

4	Home Office - Comments (include reasons if answered no to any of the questions below)	
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5	Start time of visit	Am / Pm
6	End time of visit	Am / Pm
7	Room entered	Yes / No
8	Direct Dialogue	Yes / No
9	Interpreter used	Yes / No
10	Confirmed understanding	Yes / No
11	Name	
12	Position	
13	Signature	

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14	Healthcare - Comments (include reasons if answered no to any of the questions below)	
15	Start time of visit	Am / Pm
16	End time of visit	Am / Pm
17	Room entered	Yes / No
18	Direct Dialogue	Yes / No
19	Interpreter used	Yes / No
20	Confirmed understanding	Yes / No
21	Name	
22	Position	
23	Signature	

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24	Chaplaincy - Comments (include reasons if answered no to any of the questions below)	
25	Start time of visit	Am / Pm
26	End time of visit	Am / Pm
27	Room entered	Yes / No
28	Direct Dialogue	Yes / No
29	Interpreter used	Yes / No
30	Confirmed understanding	Yes / No
31	Name	
32	Position	

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33	Signature	
34	Other visitor (please state) - Comments (include reasons if answered no to any of the questions below)	
35	Start time of visit	Am / Pm
36	End time of visit	Am / Pm
37	Room entered	Yes / No
38	Direct Dialogue	Yes / No
39	Interpreter used	Yes / No
40	Confirmed understanding	Yes / No
41	Name	
42	Position	

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43	Signature	
44	Other visitor (please state) - Comments (include reasons if answered no to any of the questions below)	
45	Start time of visit	Am / Pm
46	End time of visit	Am / Pm
47	Room entered	Yes / No
48	Direct Dialogue	Yes / No
49	Interpreter used	Yes / No
50	Confirmed understanding	Yes / No
51	Name	
52	Position	
53	Signature	