**New Haven Assisted Living & Memory Care**

**On-call Log Sheet**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason/Issue Key:**

1. **Resident 2. Staffing 3. Medication 4. Supplies 5. Family 6. Maintenance**

**7. Process/Policy 8. Other**

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| **Date** | **Time of Call** | **Caller & House** | **Reason/Issue** | **Time****Spent** | **Comments** |
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**Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**