

# ON-SITE HEALTH & SAFETY

## TB SCREENING SIGN-IN SHEET

DATE:		TECHNICIAN:	
COMPANY:		PROJECT:	
LOCATION:			
P.O. #:		JOB #:	
		RUN #:	
SERVICE:	<input type="checkbox"/> TEST <input type="checkbox"/> READ		TIME IN: <span style="margin-left: 20px;"></span> TIME OUT: <span style="margin-left: 20px;"></span>

#	EMPLOYEE NAME	IDENTIFIER	ARM ( R / L )	RESULTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

<b>COMMENTS</b>

PAID PARKING:	<input type="checkbox"/> YES <input type="checkbox"/> NO	PARKING AMOUNT:		AFTER HOURS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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