Location Name	**Insert name**
Day Shift Fire Marshal	**Insert name**
Night Shift Fire Marshal	**Insert name**

Day Shift Fire Wardens:	
Night Shift Wardens:	

Covid19 Visitor sign-in sheet

Insert today's date

Please answer the following questions honestly:

Job Title or Designation	Your Name	Reason for Visit	Vehicle	Have you been asked to self-isolate within the last 14 days?	Have you been in direct contact with anybody who has tested positive for COVID-19?	Do you have any of the following symptoms – cough, fever, loss/change of taste or smell?	Having reviewed the most recent Government guidelines including arrival in the UK from a country with a high coronavirus risk, can you confirm it is appropriate for you to proceed with your shift / visit?	Visitor responses reviewed - signed by the reception/site	Visitor temperature checked?	Visitor's signature to confirm that the information provided is true and correct	Time in for day	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Time out for day