

Confidential Visitor Sign-In

Please use a pen to write details directly onto the black boxes below. To record the time you leave, find the row with your initials on it.

Date	Time in	Your Name / Company	Telephone Number	Visiting	Have you had any Coronavirus symptoms in the last 7 days?	Have you been in contact with anybody who is suspected of having Coronavirus?	Your initials	Time out
↓	↓	WRITE YOUR NAME HERE	TEL NO	WRITE NAME HERE	NO <input type="checkbox"/>	NO <input type="checkbox"/>		
Please leave the building if you cannot honestly tick either of the above boxes								
↓	↓	WRITE YOUR NAME HERE	TEL NO	WRITE NAME HERE	NO <input type="checkbox"/>	NO <input type="checkbox"/>		
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Please leave the building if you cannot honestly tick either of the above boxes								

Confidential Fire Register



The information contained on this fire register is highly sensitive and should be handled in line with GDPR guidelines and your own GDPR policy

Date	Time in	Your Name / Company	Telephone Number	Visiting	Have you had any Coronavirus symptoms in the last 7 days?	Have you been in contact with anybody who is suspected of having Coronavirus?	Your initials	Time out
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