*Use this form to record the individuals that conduct In-Person activities. This should include employees, volunteers, 4-H members, or anyone who is participating in in-person activities.*

*Note: In the event of a positive COVID-19 diagnosis, this information may be used to help personnel who are performing contact tracing to identify potentially exposed individuals.*

*Use a different sheet for each workday. Please retain these forms for 15 days, then discard.*

ANR Location Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Time In | Time Out | Name | Contact information  (phone or e-mail) | Location / notes |
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