Record of Work Days, Locations and Contacts

UWINDSOR TOGETHER

Name _____ Contact #: _____

Dept. _____ Supervisor: _____

Date	Building Entered	Room #	Time In	Time Out	Activity	Close Contacts (Less than 2m apart, for more than 15 minutes)	Other Contacts

* Please keep a copy of this record for a minimum of a 14-day period