

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Communications – Outgoing Phone Calls Registry

Facility Name: _____ Page: ____ of ____

Start Time: _____ End Time: _____ Recorders Name: _____

| No. | Time Sent | To | Phone No. | Priority | Follow Up Required |
|-----|-----------|----|-----------|----------|--------------------|
| 1 | | | | | YES NO |
| 2 | | | | | YES NO |
| 3 | | | | | YES NO |
| 4 | | | | | YES NO |
| 5 | | | | | YES NO |
| 6 | | | | | YES NO |
| 7 | | | | | YES NO |
| 8 | | | | | YES NO |
| 9 | | | | | YES NO |
| 10 | | | | | YES NO |
| 11 | | | | | YES NO |
| 12 | | | | | YES NO |
| 13 | | | | | YES NO |
| 14 | | | | | YES NO |
| 15 | | | | | YES NO |
| 16 | | | | | YES NO |
| 17 | | | | | YES NO |
| 18 | | | | | YES NO |
| 19 | | | | | YES NO |
| 20 | | | | | YES NO |
| 21 | | | | | YES NO |
| 22 | | | | | YES NO |
| 23 | | | | | YES NO |
| 24 | | | | | YES NO |
| 25 | | | | | YES NO |