

DAYS NOT HOME

TYPE OF CHECK

VACAVILLE POLICE DEPARTMENT

MONTH / YEAR

PHONE

Health, Safety and Vacation Check - Daily Log

NAME

ADDRESS:

Date	Time In/Out	Disposition	Persons Checking
1st.	/		
2nd.	/		
3rd.	/		
4th.	/		
5th.	/		
6th.	/		
7th.	/		
8th.	/		
9th.	/		
10th.	/		
11th.	/		
12th.	/		
13th.	/		
14th.	/		
15th.	/		
16th.	/		
17th.	/		
18th.	/		
19th.	/		
20th.	/		
21st.	/		
22nd.	/		
23rd.	/		
24th.	/		
25th.	/		
26th.	/		
27th.	/		
28th.	/		
29th.	/		
30th.	/		
31st.	/		

Please turn form over for additional notes.