University Students' Council of the University of Western Ontario

VISITOR LOG

By signing this log you are acknowledging that you have read, understood and will abide by the Visitor Health and Safety Responsibilities.

DATE YYYY/MM/DD	TIME		VISITOR NAME + BUSINESS	USC HOST NAME / PURPOSE
	IN	OUT		

NOTE: This form must be taken by the receptionist during an evacuation to ensure all visitors have been evacuated and are accounted for.