

TRANSPORTATION LOG
Maintain at facility at least 4 months

FACILITY: _____ **DATE:** _____

DESTINATION: _____

VISUAL AND PHYSICAL SWEEPS (TIME AND INITIAL):

DEPART: _____ **ARRIVAL:** _____ **RETURN:** _____

DRIVER: _____ **SIGNATURE:** _____

Full Name <i>Include and identify staff names</i>	Depart	TIME: Arrival	Return
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