

# Section 7

# Log Forms

## FORMS IN THIS SECTION

- Tuberculosis Control Tracking Form
- Resident Tuberculosis Control Tracking Form
- Beeper Book Information Sheet
- Furnishings Inventory
- Fire Drill Log
- Incident Report Form
- Medication Monitoring Tracking Log

## RELEVANT STANDARDS OF CARE

- Tuberculosis Control
- Confidentiality
- Residents' Records
- Medication Protocols and Adherence Support
- Physical Safety and Behavior Management
- Property Management

## Introduction to Section 7

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### SECTION DESCRIPTION

Many providers of supportive housing maintain a series of log forms in three-ring binders to track or catalog information pertaining to their day-to-day operations. This section includes examples of forms that might be contained in such three-ring binders.

### MORE EXPLANATION ON SOME OF THE FORMS:

#### *Emergency Phone/Beeper Log*

This log is often kept in a notebook and rotated amongst senior staff members who carry the emergency cell phone or beeper for scattered-site housing programs. One concern associated with using this kind of tool is the potential compromise of confidentiality should the notebook be lost; a suggestion is to code the names of residents so that they cannot be recognized.

#### *Incident Report Form*

Incident reports are used to document accidents, fights, and other problems that involve residents and guests. Incident reports also serve as proof of the provider's responsiveness by documenting all calls to the police, calls for an ambulance, the filing of restraining orders against dangerous parties, and other emergency situations which require comprehensive documentation.

### MORE INFORMATION ABOUT KEY ELEMENTS OF THE STANDARDS OF CARE:

The Standards of Care are recommended best practices that have been established in every area of the provision of housing and supportive services. Standards that are particularly relevant to the topics in this section are identified and explained below.

#### **STANDARD: Medication Protocols and Adherence Support**

- The Standards of Care suggest that programs which engage in medication management maintain a daily medication log in which staff record each resident's drug regimen and the dates/times of daily intake.

#### **STANDARD: Tuberculosis Control**

- The Standards of Care stress the importance of having a TB protocol in place that addresses testing, prevention, and treatment for both residents and staff. One way to ensure the success of a TB protocol is a tracking form with the TB test dates and outcomes for all residents and staff.

**STANDARD:**

**Property Management**

- ☑ The Standards encourage programs to train their staff in the use of fire extinguishers and in the means for rapidly evacuating the building. Programs are encouraged to hold fire drills at least once every two months and at varied times during the 24 hours.

## Tuberculosis Control Tracking Form

<b>Residents</b>	TB Test Upon Entering Housing	Notes About Test	Follow Up Test	Follow Up Test	Follow Up Test	Follow Up Test	Follow Up Test
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
<b>Staff</b>	TB Test Upon Starting Employment	Notes About Test	Follow Up Test	Follow Up Test	Follow Up Test	Follow Up Test	Follow Up Test
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

## Resident Tuberculosis Control Tracking Form

<b>Resident Name</b>	
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	Date	Result	Note About Test
TB Test Upon Entering			
Follow Up Test			
Follow Up Test			
Follow Up Test			
Follow Up Test			

## Cell Phone / Beeper Book Information Sheet

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**Coverage Dates**

From:

To:

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**On-Call Staff**

Name:

Phone:

Name:

Phone:

Name:

Phone:

---

**Other Primary Staff to Contact**

Name:

Phone:

Name:

Phone:

Name:

Phone:

---

**List of Current Residents****Name:**

Phone:

Apartment #:

Emergency Contact:

Phone:

**Name:**

Phone:

Apartment #:

Emergency Contact:

Phone:

**Name:**

Phone:

Apartment #:

Emergency Contact:

Phone:

**Name:**

Phone:

Apartment #:

Emergency Contact:

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Apartment #:

Emergency Contact: Phone:

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**Name:** Phone:

Apartment #:

Emergency Contact: Phone:

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**Other Emergency Numbers**

Local fire department:

Local Police/Medical Emergency:

Local Poison Control:

Local DSS Child Protection Hotline:

Local Psychiatric Unit Inpatient Referral Line:

Local HIV/AIDS Information Hotline:

## Furnishings Inventory

Resident

Staff person

Date of move in:

Date of move out:

ITEM	HOW MANY	DESCRIPTION	DONATED OR PURCHASED	REPLACEMENT
Bed				
Pillows				
Bedding				
Bedside/End table				
Sofa				
Easy Chair				
Coffee Table				
End Table				
Dining Table/Chairs				
Mirror				
Lamp				
Alarm clock				
Telephone				
Answering Machine				
Television				
Fan				
Heater				
Smoke Alarm				
Fire Extinguisher				
Pots/Pans				
Cooking Utensils				
Dishes				
Glasses				
Flatware				
Towels				
Shower Curtain				
Bath Mat				
Window Shades				
Broom				



Mop				
Dustpan/Brush				
Trash Can				
Light bulbs				

# Fire Drill Log

Log of Fire Drills from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Fire Drill	Time	Comments

## Incident Report Form

Name of Resident:

*To be completed by program staff as soon as possible after resolution of the incident:*

Date of the Incident:

Time of incident:

Location of Incident:

Staff Involved:

What was the resident doing prior to the incident:

Full Description of Incident (*include description of behavior and actions, the response of staff, and the resolution of the incident*):

***Staff person filing report:***

***Date:***

