



## Location of Records Log

TYPE OF RECORD(S)			
Client Information <input type="checkbox"/>	Corporate files <input type="checkbox"/>	Personnel Files <input type="checkbox"/>	Other – Specify: _____

DATE:		<b>CONTACTED REGIONAL DIRECTOR QUALITY, SAFETY and RISK:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
MOVED TO:		
MOVED FROM		
RECORDER'S NAME/TITLE:		
RECORDER'S SIGNATURE:		
REASON FOR RELOCATION:		

COMPLETED BY RECORDER	
RECORDS (TYPE) RELOCATED	Additional Comments if required
Example: Deceased Acute Care Records from Record # 567 through 8765	