## LOG OF HEALTH PROTECTION REACTIVE WORK

#### Please continue table onto as many sheets as you need

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| --- | --- | --- | --- | --- | --- |
| Date | Daytime or Out of hours | Health Protection query | Your initial action (brief details)  Include whether observed (O), acted under supervision (S) or acted independently (I) | Your further action  Include whether observed (O), acted under supervision (S) or acted independently (I)  Did this experience include new (N) or consolidated (C) learning | Trainer / Line Manager  signature |
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