

Name: _____

Date: _____

Community Health Daily Activity Sheet

PV=Personal Vehicle

CHR= CHR Van

Vehicle			Odometer			CHR ACTIVITY	Code	
Used	Time	Activity	Beginning	Ending	Total	Travel Time	TT	
	7:45					Inservice	I	
						Staff Meeting	SM	
	8:45					Telephone	TEL	
						Clinic	CL	
	9:45					Pickup - Dialysis, UC, CCC	PCUP	
						Delivery - I.H.S., Dialysis, UC, CCC	DEL	
	10:45					Office Documentation	Office/D	
						Other Duties	Office/OD	
	11:45					Eye Clinic	EC	
						Home Visit	HV	
	12:45							
	1:45							
	2:45							
	3:45							
	4:30							
				*Total Mileage				
			(Transfer *Total to Monthly Mileage Sheet)					

Record **all** mileage when driving your vehicle **and** the CHR van.