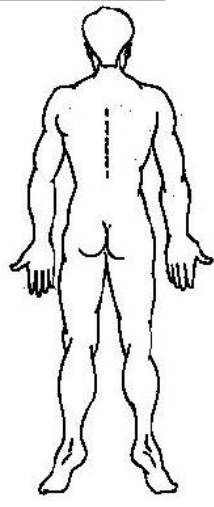
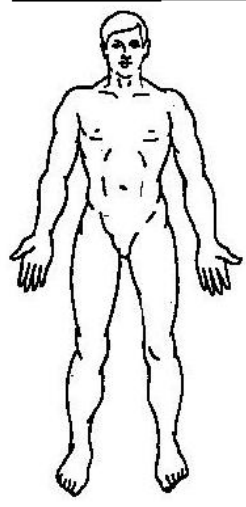


Shift (circle) AM PM NOC

Date _____

Resident Name _____

Room # _____



Comments _____

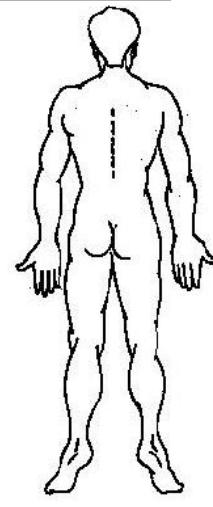
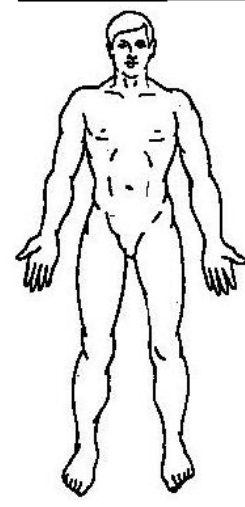
Nurse Aide Signature _____ Nurse Signature _____

Shift (circle) AM PM NOC

Date _____

Resident Name _____

Room # _____



Comments _____

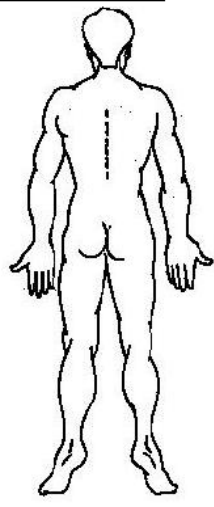
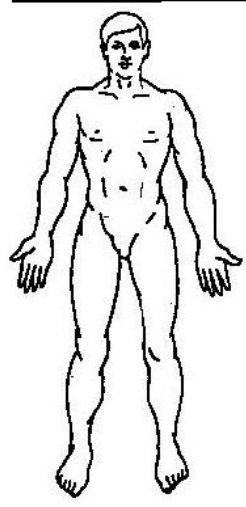
Nurse Aide Signature _____ Nurse Signature _____

Shift (circle) AM PM NOC

Date _____

Resident Name _____

Room # _____



Comments _____

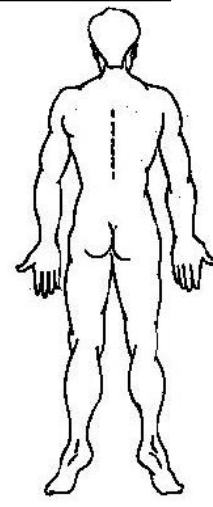
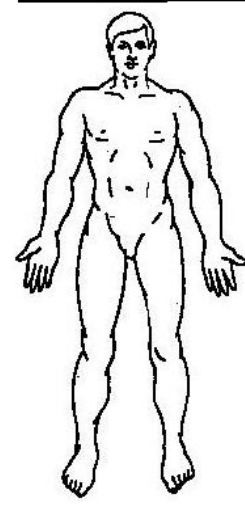
Nurse Aide Signature _____ Nurse Signature _____

Shift (circle) AM PM NOC

Date _____

Resident Name _____

Room # _____



Comments _____

Nurse Aide Signature _____ Nurse Signature _____