

# DAILY STAFFING LOG

FACILITY NAME \_\_\_\_\_ DATE \_\_\_\_\_ CENSUS \_\_\_\_\_

SHIFT:  DAY     EVENING     NIGHT    TOTAL HOURS WORKED FOR ALL \_\_\_\_\_

**TOTAL HOURS WORKED FOR EACH OF THE FOLLOWING:**

RNs	LPNs	CNAs	OTHERs
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**FACILITY MUST (F356 & AR REQUIREMENTS\*):**    •POST ON A DAILY BASIS    •MAINTAIN FOR 18 MONTHS  
 •SIGN IN AT BEGINNING OF EACH SHIFT    •CLEAR AND READABLE FORMAT    •POST IN PROMINENT LOCATION, READILY  
 ACCESSIBLE TO RESIDENTS AND VISITORS, WITHIN 20 FEET OF MAIN ENTRANCE, ALONG WITH LAYOUT OF FACILITY

SIGN AND PRINT NAME	RN LPN CNA	HALL, WING, CORRIDOR, UNIT	TIME IN	TIME OUT	ACTUAL HOURS
	RN				
	LPN				
	CNA				

COMMENTS: \_\_\_\_\_

Administrator /DON /Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Ark. Code Ann §20-10-1406