

Appendix 5**Contact Tracing Log**

Name of School	St. Coen's N.S.		School Contact Person	Mr. Lee Kavanagh	
Address of School	Merrymeeting, Rathnew Co. Wicklow		For Queries only: Phone No	040431200	
			Email	info@stcoens.ie	
Name of Visitor					Was the visit pre-arranged with the Principal? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Visit	___ / ___ / ___	Time	Entry to school _____ am <input type="checkbox"/> pm <input type="checkbox"/>	Exit from School _____ am <input type="checkbox"/> pm <input type="checkbox"/>	
Visitor Status	Contract or <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>	Other <input type="checkbox"/> Please complete: _____		
Contact details of visitor	Company Name (if applicable)				
	Address				
	Contact No.		Email Address		
	Reason for Visit				
Who the visitor met (separate line required for each person the visitor met)					
Name of Person visited				Length of time spent with each person in the school	