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VOLUNTEER OMBUDSMAN WEEKLY LOG REPORT			
Facility Name:		Date:	
ALF/RCF	SNF/ICF	Ombudsman Signature:	

Facility Observations	YES	NO	Not Observed	Comments
Odors: none offensive				
Residents are well groomed, shaved, hair combed, and nails & eye glasses cleaned.				
Residents are not left sitting unattended in common areas for long periods of time.				
Residents' call buttons are in reach.				
Call lights are answered timely.				
Residents have fresh water in reach.				
Residents' assistive devices in reach.				
Privacy-Knock, Pull Curtains				
Residents' preferred activities offered.				
Meals: pleasing to the eye				
Dining assistance provided as needed.				
<b># Complaint Forms Completed</b>		<b>Council Meetings Attended</b>		
<b># Residents Visited</b>		Family Council Meeting	Yes	No
<b># Staff Consults</b>		Resident Council Meeting	Yes	No
<b>Time Coding</b>				
Arrival Time				
Departure Time				
Travel Time				
Record Keeping Time				
Total Time				