RITE OF PASSAGE

IMPROVING THE LIVES OF YOUTH

VISITOR/VENDOR DAILY LOG

Facility Name: _____ **Date: _____**

Your signature acknowledges you have completed the Visitor Screen in a truthful manner and were cleared to enter the ROP facility.

Print Name	Signature	Time of Entry	Time of Exit	Reason for Visit	Staff/Students Visited	Areas of Facility Visited
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			