

RESPONSIBLE PERSON RECORD FORM

Record of responsible person. As per Regulation 173 2 (c) a service must ensure a responsible person is on the premises at all times the service is approved to operate. A Responsible Person may be the Approved Provider, the Nominated Supervisor or a Certified Supervisor. Please use this form to record the name of the Responsible Person at the Service. **If the person leaves the service at any time of the day, they must pass this form on to the next responsible person to fill in. This form must be displayed so that it is clearly visible in the foyer.**

	Monday _/_/_	Tuesday _/_/_	Wednesday _/_/_	Thursday _/_/_	Friday _/_/_
Person 1	Name: _____ Start: 6.30am Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: 6.30am Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: 6.30am Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: 6.30am Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: 6.30am Sign: _____ End: _____ am /pm Sign: _____
Person 2	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____
Person 3	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____
Person 4	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____
Person 5	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____	Name: _____ Start: _____ am / pm Sign: _____ End: _____ am /pm Sign: _____