

CLS Health & Safety Program

Buddy Check-In Program Agreement

You are Buddy A at Location A: _____

You are Buddy B at Location B: _____

Date _____

See **Element N** for Check-In Procedures

Buddy A Calls Buddy B At _____ (Pre-arranged time)

Other Pre-arranged Times _____

Location A or **B** **Address** _____

Location A or **B** **Phone** _____

Route(s) to Location A or **B**

Contact Information for Location A or **B**
