**Activity Survey Tracking**

**Day 1 Date:**

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| --- | --- | --- | --- | --- |
| **Theatre Number / Location** | **Anaesthetist(s)** | **No of cases** | **Surveys completed?** | **Needs assistance?** |
| **1** |  |  |  |  |
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| **Other locations…** |  |  |  |  |
| **MRI** |  |  |  |  |
| **ECT** |  |  |  |  |
| **Lab ward** |  |  |  |  |
| **…** |  |  |  |  |
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**Activity Survey Tracking**

**Day 2 Date:**

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| **Theatre Number / Location** | **Anaesthetist(s)** | **No of cases** | **Survey completed?** | **Needs assistance?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
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| **Other locations…** |  |  |  |  |
| **MRI** |  |  |  |  |
| **ECT** |  |  |  |  |
| **Lab ward** |  |  |  |  |
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**Activity Survey Tracking**

**Day 3 Date:**

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| **Theatre Number / Location** | **Anaesthetist(s)** | **No of cases** | **Survey completed?** | **Needs assistance?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
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| **Other locations…** |  |  |  |  |
| **MRI** |  |  |  |  |
| **ECT** |  |  |  |  |
| **Lab ward** |  |  |  |  |
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**Activity Survey Tracking**

**Day 4 Date:**

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| **Theatre Number / Location** | **Anaesthetist(s)** | **No of cases** | **Survey completed?** | **Needs assistance?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
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| **Other locations…** |  |  |  |  |
| **MRI** |  |  |  |  |
| **ECT** |  |  |  |  |
| **Lab ward** |  |  |  |  |
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