



# DODGE COUNTY SHERIFF'S OFFICE

Dale J Schmidt Sheriff Scott Smith Chief Deputy

Client # \_\_\_\_\_

Frequency \_\_\_\_\_

ID Code \_\_\_\_\_

## Project Lifesaver International Client Check Sheet

Client Name \_\_\_\_\_

Client City/Zip \_\_\_\_\_

Client Location (Address) \_\_\_\_\_

Contact Phone \_\_\_\_\_

Caregiver Contact \_\_\_\_\_

Caregiver Phone \_\_\_\_\_

Caregiver Relationship \_\_\_\_\_

- Client Facility  
  House  
  Apartment  
  Duplex  
  Trailer  
  Hospital  
  Nursing Home  
 Assisted Living  
  Secured  
  Fenced

| Day | Date | Time | Person Inspecting Equipment | Comments |
|-----|------|------|-----------------------------|----------|
| 1   |      |      |                             |          |
| 2   |      |      |                             |          |
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| Day | Date | Time | Person Inspecting Equipment | Comments |
|-----|------|------|-----------------------------|----------|
| 31  |      |      |                             |          |
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Other comments or information:

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