



Technologist: _____
 Client: ECHO TECH IMAGING
 Facility: _____
 Dept: GEN ULTRASOUND CARDIOLOGY VASCULAR OTHER _____

Date	Shift/Call	Start/End Time Hours or Patient Name + MR#	Total Hours	Standby Hours	Exam Type	TV	RT / LT	Port.	Supervisor Signature/Comments	Office Use Only
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		
	Shift / Call					<input type="checkbox"/>	RT / LT	<input type="checkbox"/>		

Technologist Signature _____

PLEASE EMAIL TO: echotechimaging@yahoo.com or FAX to: (805) 522-0844 BEFORE CUTOFF DATE

REMEMBER TO MAKE A COPY FOR YOUR RECORDS!