

## Duty Hours and Hand-off Tracking Form

Resident Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

**Hand-off evaluation:** Cases received from: \_\_\_\_\_ Approximate number of cases received: \_\_\_\_\_  
 Mechanism of Handoff:  Written and Verbal  Written Only  Verbal Only  Stumbled upon them  N/A  
 Effectiveness of Handoff:  Very effective  Somewhat effective  Several Issues  What handoff?  N/A  
 Comments: \_\_\_\_\_

|                   |                                                            | Sat   | Sun   | Mon   | Tue                      | Wed                      | Thu                      | Fri                      | TOTAL |
|-------------------|------------------------------------------------------------|-------|-------|-------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| <b>Week 1</b>     | Check if <10 hrs off<br>Check if <8 hrs off                |       |       |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Start Date: _____ | Work Hours*: _____                                         | _____ | _____ | _____ | _____                    | _____                    | _____                    | _____                    | _____ |
| Attending: _____  | Explanation:<br>Reason for >80 hrs or any time off <10 hrs |       |       |       |                          |                          |                          |                          |       |
| <b>Week 2</b>     | Check if <10 hrs off<br>Check if <8 hrs off                |       |       |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Start Date: _____ | Work Hours*: _____                                         | _____ | _____ | _____ | _____                    | _____                    | _____                    | _____                    | _____ |
| Attending: _____  | Explanation:<br>Reason for >80 hrs or any time off <10 hrs |       |       |       |                          |                          |                          |                          |       |
| <b>Week 3</b>     | Check if <10 hrs off<br>Check if <8 hrs off                |       |       |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Start Date: _____ | Work Hours*: _____                                         | _____ | _____ | _____ | _____                    | _____                    | _____                    | _____                    | _____ |
| Attending: _____  | Explanation:<br>Reason for >80 hrs or any time off <10 hrs |       |       |       |                          |                          |                          |                          |       |
| <b>Week 4</b>     | Check if <10 hrs off<br>Check if <8 hrs off                |       |       |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Start Date: _____ | Work Hours*: _____                                         | _____ | _____ | _____ | _____                    | _____                    | _____                    | _____                    | _____ |
| Attending: _____  | Explanation:<br>Reason for >80 hrs or any time off <10 hrs |       |       |       |                          |                          |                          |                          |       |

**Instructions:** Use one sheet per rotation. For split rotations (2 wks one rotation, 2 wks another), use 2 sheets. For combined rotations (e.g. Neuro/B&ST/Placenta), use one sheet.  
 \*Total work hours may be less than the time from arrival to departure if personal time is taken in the middle of the day.