# Record of Reviewing Devices/Internet Sites

Group:

Date:

Reason for investigation:

### Details of First Reviewing Person

Name:

Position:

Signature:

### Details of Second Reviewing Person

Name:

Position:

Signature:

### Name and Location of Computer Used for Review (For Websites)

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| Website(s) address/device | Reason for Concern |
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### Conclusion and Action Proposed or Taken

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| Reporting Log Group: | | | | | | | | | |
| Date | Time | Incident | | Action Taken | | | Incident Reported By | | Signature |
| What? | | By Whom? |
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| Training Needs Audit Log Group: | | | | | | | | | |
| Relevant Training the Last 12 Months | | | Identified Training Need | | To be Met By | | | Cost | Review Date |
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