Check-in / Check-on Form - Level and IP Exams
Training Providers and Exam Invigilators

Section 1: Training Provider Information - To be completed at the beginning of each academic year	
College	**Campus**
Campus Administrator (name and phone #)	**Exam Room #** (if there is a designated **exam** room)
*Exam Session Contact	***Exam Session – Contact (Alternate)**
Name:	**Name:**
Office # **Phone #**	**Office #** **Phone #**

*Provide names of two **non-instructional staff** that exam invigilators can contact when entering and leaving the building, and if assistance is required during exam sessions (i.e. washroom break relief, or IT person is not in the room at exam start, etc).

Section 2: Exam Invigilator - To be completed by invigilator during each exam session	
Name:	**Exam Date**
Phone Number	**Email address**

Check-in / Check-on Schedule	Time
Exam start time	
Check-in # 1	
Check-in #2	
Exam End – Final check- in/out	

Section 3: Notes For invigilator use

Email completed form to: blockexams@gov.nl.ca
For inquiries, contact: Tracy Seward (709) 466-3984