

## Facility/Training Sites Diagram

Preceptor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility or Training Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

---

Please fill in or attach a diagram of your clinical teaching facility.

- *If you have no clinical facility, and only do home visits and home births, please make a note to that effect, below.*
- Please note on the diagram the location of all fire extinguishers, smoke alarms, and exits. Include by means of arrows your emergency exit plan from the facility.
- The diagram can be hand drawn, and does not need to be to scale.