



Fluid Intake Log

Individual's Name																			Month			Year									
DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4 -4:30 PM																															
4:30 -5 PM																															
5 -5:30 PM																															
6-6:30 PM																															
6:30- 7 PM																															
7 -7:30 PM																															
7:30 -8PM																															
8 -8:30PM																															
8:30 -9PM																															
STAFF INITIALS																															
7AM -3PM																															
3 -11PM																															

Key: ✓ = 8 Oz. of fluid (Water/Juice, etc.)

Staff Name (Print) _____

Staff Name (Print) _____

Staff Name (Print) _____

Staff Name (Print) _____

Staff Name (Print) _____

Staff Name (Print) _____

Staff Name (Print) _____

Staff Name (Print) _____