



# ACCOUNTING SHEET

DATE \_\_\_\_\_

Name of Facility being screened \_\_\_\_\_

Address of Facility \_\_\_\_\_

Name & email of Facility contact \_\_\_\_\_

Total Number presented for screening \_\_\_\_\_

Number "Passed" \_\_\_\_\_ Number "Referred" \_\_\_\_\_

\*\*Number Aborted \_\_\_\_\_ (\*\*Please list Aborts on back of sheet)

SPOT Ser. No. \_\_\_\_\_ (Last five digits of Serial Number S/N)

Name of Lions Club or other Organization performing the screening  
\_\_\_\_\_

Lead Screener Contact Name \_\_\_\_\_

If Equipment is loaned – Name of Lions Club loaning equipment  
\_\_\_\_\_

Team Leader \_\_\_\_\_ Phone No. \_\_\_\_\_

Camera Time (Hrs) (Time of last scan – Time of first scan) \_\_\_\_\_

# of Volunteers \_\_\_\_\_ Total Person Hours \_\_\_\_\_

Service Time (Hrs) (Camera Time + Commute Time) \_\_\_\_\_

Please email this form to the CLERF KidSight Administrator and the District KidSight Chair

Edited 11/01/2022