Times (as per stopwatch)

Time Break Started: _____

Time Break Finished: _____

<u>Reason for break</u> (Please tick)

- PERSONAL NEEDS BREAK

- REFRESHMENTS

- REST

- MEDICAL

<u>Signatures</u>

Witness1: _____   Witness2: _____

Print: _____   Print: _____

In the event of a Medical Break, the onsite Medical Staff must sign to say it is safe to continue the record attempt.

Medic: _____

Print: _____