

**NORTHERN CALIFORNIA HOSPITAL AND INSTITUTION COMMITTEE**

PO Box 192490, San Francisco CA 94119-2490 [www.handinorcal.org](http://www.handinorcal.org)

**H&I FORM 2 – MAJOR FACILITY SUMMARY**

**DATE OF REPORT:**

<b>FACILITY NAME:</b>					
Facility Address:					
H&I Coordinator name & contact info:					
<b>Total # of Weekly Facility Meetings listed below =</b>					
<b>PLEASE LIST EACH WEEKLY MEETING WHICH OCCURS AT YOUR FACILITY; if a meeting only occurs every other week, list it as, for example, "1<sup>st</sup> &amp; 3<sup>rd</sup> Monday"</b>					
	Meeting designator (pod, yard, etc.)	brief meeting description (gender, format etc.)	Day & Time	# of volunteers	Average # of attendees
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

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	<b>Meeting designator (pod, yard, etc.)</b>	<b>brief meeting description</b>	<b>Day &amp; Time</b>	<b># of volunteers</b>	<b>Average # of attendees</b>
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					