

SHIFT SITUATION REPORT

It is your responsibility to keep a record and make the person relieving you aware of what happened on your shift, accomplishments and unfinished tasks. Please be sure to pass this information on to your relief. If there is no relief, please debrief your supervisor before checking out.

DATE: _____ DAY OF WEEK: _____ SHIFT: _____

POSITION: _____ LOCATION: _____

NAME: _____

SHIFT RESPONSIBILITIES:

SHIFT ACCOMPLISHMENTS:

SHIFT NOTES:

Signature: _____ Date: _____

Signature of Person Receiving Report: _____ Date: _____