**Shift handover checklist**

**Staff Handover Checklist to be ticked and signed before the switch of a shift .**

**Address: ……………………………………..........................................Date................................**

|  |  |  |  |
| --- | --- | --- | --- |
| **ID**  | **1.0 Compulsory Checklist**  | **Tick**  | **X** |
| 1.1  |  Work Phone must be checked and secured.  Report any damages  |  |  |
| 1.2  |  Medication log to be viewed, making sure a client has not missed medication without logged reasons.  |  |  |
| 1.3  |  Outdated food that requires disposing of  has been checked |  |  |
| 1.4  |  Food is properly labeled  where required |  |  |
| 1.5  |  Petty cash balance, report any changes or discrepancies.   |  |  |
| 1.6  |  Property keys secured or on persons  |  |  |
| 1.7  | Confirmed clean state of kitchen and communal areas |  |  |
| 1.8  |  Reported any damages requiring landlord attention |  |  |
| 1.9  |  Whereabouts of clients confirmed |  |  |
| 1.13  |  Health & Safety in the home, report any discovered concerns |  |  |
| 1.14  | Informed /logged any  incidents/Accidents/Safeguarding Immediately  |  |  |
| 1.16  |  All knives are returned to the office |  |  |
| 1.17  |  Reported if colleagues arrive on shift late or leave early  |  |  |
| 1.18 | Informed about any expected visitors to the unit |  |  |

**Person Arriving on Shift & Time of Arrival**

Print Name; ………………………………...............    Sign: ………………………...........................
 **Person Leaving Shift & Time of Departure**

Print Name; ………………………………..............    Sign: ………………………............................ **Comments (all X’s must be explained with action taken)**