**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| 1.3 | Outdated food that requires disposing of  has been checked |  |  |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)**