



Check List – Mid Shift

Associates Name: _____

Date: _____

Directions: All items must be initialed by **current and next shift**. If an item is not done, enter reason and initial.

	Description	Time Accomplished OR Reason for Not Completed	Initials
1	Count Drawer and intial previos shifts Shift Report before previous shift leaves.		/
2	Upkeep of cofffee area (Full pots and clean counters)		/
3	Stock supply shelves (sugars, creamers, teas, etc)		/
4	Clean desk surfaces		/
5	Dust, clean lobby area, wipe tables, chairs, chair legs		/
6	Vacuum – change bag when full		/
7	Complete ironing of pillow cases as needed		/
8	Ensure Pass Down Log is completed		/
9	Clean all windows inside and out		/
10	Complete Shift Change Report and Cash Handling		/
11	Empty all trash at end of shift (take to dumpster)		/
12			/
13			/
14			/
15			/
16			/
17	Text or Call Geeral Manager with current room count and incoming reservations.		/

BELOW FOR MANAGER’S USE ONLY

Manager’s signature indicates review of above and verification that all items have been accomplished to standards.

Manager’s Signature: _____ Date: _____