



AFFORDABLE
I N N S

Check List – Night 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 (Required)	Employee Initials
1	Count drawer and initial previous shifts checklist before previous shift leaves.		
2	Run CheckInn and CC report to balance		
3	Stock supply shelves (sugars, creamers, teas, etc)		
4	Clean all door windows inside and out		
5	Dust, clean lobby area, tables, chair legs		
6	Vacuum – change bag when full		
7	Write down any info that needs passed down (i.e. late checkouts, issues, etc).		
8	Complete shift Change Reports and Cash Handling		
9	Upkeep of coffee area (pots and counters clean)		
10	Clean desk surfaces		
11	Keep up on walk-in log.		
12			
13			
14			
15			
16			
17			
18			
19			
20	Empty all trash at end of shift – take to dumpster		
21	Text General Manager with current room count and incoming reservations at end of shift.		

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: _____