

Week commencing: / /

MONDAY

Any problems or changes – what did you do?

Opening checks

Closing checks

Notes

Name _____

Signed _____

Our safe methods were followed and effectively supervised today.

TUESDAY

Any problems or changes – what did you do?

Opening checks

Closing checks

Notes

Name _____

Signed _____

Our safe methods were followed and effectively supervised today.

WEDNESDAY

Any problems or changes – what did you do?

Opening checks

Closing checks

Notes

Name _____

Signed _____

Our safe methods were followed and effectively supervised today.

THURSDAY

Any problems or changes – what did you do?

Opening checks

Closing checks

Notes

Name _____

Signed _____

Our safe methods were followed and effectively supervised today.

FRIDAY

Any problems or changes – what did you do?

Opening checks

Closing checks

Notes

Name _____

Signed _____

Our safe methods were followed and effectively supervised today.

SATURDAY

Any problems or changes – what did you do?

Opening checks

Closing checks

Notes

Name _____

Signed _____

Our safe methods were followed and effectively supervised today.

SUNDAY

Any problems or changes – what did you do?

Opening checks

Closing checks

Notes

Name _____

Signed _____

Our safe methods were followed and effectively supervised today.

EXTRA CHECKS

We have performed the following extra checks this week.

Opening checks

Closing checks

Notes

Name _____

Signed _____