

# Loss Prevention Handover Summary

Date

YYYY-MM-DD

Shift

Morning / Evening / Night

Location / Store

Enter store/location

## INCIDENTS & OBSERVATIONS

Describe any incidents, unusual observations, or security concerns.

## ALARMS & SYSTEM CHECKS

List details of alarm triggers, system malfunctions, or security checks performed.

## VISITOR & CONTRACTOR LOGS

Record names, purposes, and times of all visitors and contractors.

## OUTSTANDING ISSUES / ACTIONS REQUIRED

List any issues pending resolution or actions required for the next shift.

Person Handover (Name & Signature)

Person Taking Over (Name & Signature)