Night Shift Shelf Refill Report

Date: _____ Shift: _____ Report By: _____

Refill Checklist

Section / Area	Refilled (Y/N)	Notes / Out of Stock Items
Produce		
Dairy		
Bakery		
Snacks & Beverages		
Household		
Frozen		
Other		

Issues / Observations

Night Shift Employee Signature: _____

Supervisor Signature: _____