

Retail Shelf Rotation Record

Date: _____

Store Location:

Employee Name:

Manager Signature:

Product Name	SKU/UPC	Current Expiry Date	Oldest Stock Date	New Stock Date Arranged	Rotated (Yes/No)	Initials	Comments

Instructions: Complete this sheet each time shelf rotation is performed. Ensure all fields are duly filled and old stock are moved to the front. Submit to manager at end of shift.

Employee Signature

Date