

Concierge Shift Handover Checklist

Date

YYYY-MM-DD

Shift

Morning / Evening / Night

Concierge On Duty

Name

Incoming Concierge

Name

Handover Time

Checklist

	Item / Task	Notes
<input type="checkbox"/>	Cash float balanced & documented	
<input type="checkbox"/>	Keys & access cards accounted for	
<input type="checkbox"/>	Guest bookings & reservations reviewed	
<input type="checkbox"/>	Pending guest requests communicated	
<input type="checkbox"/>	Deliveries handled/left for next shift	
<input type="checkbox"/>	Maintenance issues reported	
<input type="checkbox"/>	Logbook updated	
<input type="checkbox"/>	Other (specify below)	

Additional Notes / Specific Instructions

Handed Over By

Signature / Name

Received By

Signature / Name

Date

YYYY-MM-DD

