[ORGANISATION NAME]

[Address] [Phone] [Email]

Restaurant Closing Shift Handover

Restaurant / shift: _____ Date / handover time: _____

Outgoing lead: _____ Incoming lead: _____

Area / task	Current status	Action / owner	Due / priority

Close and readiness

Cleaning / equipment shut down checks: _____

Stock shortages / next service preparation: _____

Cash or keys transferred by approved method: _____

Open issues and sign off

Issue / location / action required: _____

Outgoing / incoming signatures: _____