

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Division of Developmental Disabilities  
 State Operated Residential Services

**DAILY SHIFT LOG**

Shift:    A.M.    P.M.    NOC.    Date: \_\_\_\_\_    Charge Staff: \_\_\_\_\_

Staff Name	Time In	Break Time Out	Break Time In	Lunch Time Out	Lunch Time In	Break Time Out	Break Time In	Time Out	Staff Responsible for Member(s) while on Break

**Alerts/concerns: (PRN, IR, Med Alerts, Illness, Seizure, Behavior, Hospitalization) Please use member initials only.**


**Daily/Shift Assignments: (Reminder: you are responsible for all members, not just the ones you are assigned to)**

Charge Staff:	Medication Administrator (Keys):	Staff:	Staff:	Staff:
		Member(s)	Member(s)	Member(s)
<b>Assignments:</b>	<b>Assignments:</b>	<b>Assignments:</b>	<b>Assignments:</b>	<b>Assignments:</b>

## Daily Shift Report

<b>Staff:</b>	<b>Staff:</b>	<b>Staff:</b>	<b>Staff:</b>	<b>Staff:</b>
Member(s)	Members(s)	Member(s)	Member(s)	Member(s)
<b>Assignments:</b>	<b>Assignments:</b>	<b>Assignments:</b>	<b>Assignments:</b>	<b>Assignments:</b>

Kitchen Clean                      Living Room's Clean                      Dining Room Clean                      Bedrooms Clean  
 Laundry Room Clean                      Walk Through Complete                      Physical Count of Members

Name of Person Verifying Medication: \_\_\_\_\_ Time of Med Pass: \_\_\_\_\_

Control Medication Count                      Exchange Keys                      Building Maintenance Needs

**Document Facility/General Schedule Events: NO MEMBER SPECIFIC INFORMATION**