

DAILY SHELTER REPORT

Date: _____

Facility: _____ Address: _____

Shelter Manager: _____

Shift Supervisor 1st: _____

Shift Supervisor 2nd: _____

Shift Supervisor 3rd: _____

Shelter Population

Morning Count: _____ Time: _____

Evening Count: _____ Time: _____

New Registrations Today: _____

Total Number of Registrations: _____

Supplies Needed

Item	Amount Needed

Meals Served

Breakfast: _____

Lunch: _____

Dinner: _____

Total: _____

Snack: _____

Special Diet Requirements: _____

Anything unusual or situations of note:

Staff

Red Cross Staff: _____

Facility Staff: _____

Other Staff: _____

Time of Count: _____

Safety, Security and Housekeeping Check:

Time(s) of Check: _____

Comments: _____

Prepared by (signature): _____

Prepared by (printed name): _____

Date & Time: _____