



SHIFT NOTES

Date: _____ Job Number: _____
Client: _____ Reactor: _____

Shift:	Morning	Afternoon	Evening	Night Shift	Day Shift
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Shift Overview

Key Activities:

Brief description of key activities conducted during the shift. Include additional activities or tasks completed.

Incidents/Concerns:

Briefly describe any incidents or concerns noted during the shift. Please include the actions taken or recommended.

Equipment Status:

Briefly describe the status of key equipment or machinery used during the shift. Please include any issues or maintenance needs.

Upcoming Tasks/Events:

Tasks or events scheduled for the next shift or upcoming days

Prepared by:



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TIME 24hr

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