

Daily Operation & Maintenance Log

Date: ____/____/____

Shift Supervisor: _____

Snack Bar: _____ [If applicable]

Skate Monitor: _____ [If applicable]

Skate Monitor: _____ [If applicable]

Skate Monitor: _____ [If applicable]

Cashier: _____ [If applicable]

Skate Rental: _____ [If applicable]

Shift Start Time: ____:____ am / pm Shift End Time: ____:____ am / pm

Special duties / instructions / incidents / occurrences:

All staff must complete and sign the shift duties checklist located on the reverse side of this page.