

**DAILY SHELTER REPORT****Report Number:** \_\_\_\_\_

Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Shelter Manager: \_\_\_\_\_  
 Shift Supervisor 1<sup>st</sup>: \_\_\_\_\_  
 Shift Supervisor 2<sup>nd</sup>: \_\_\_\_\_  
 Shift Supervisor 3<sup>rd</sup>: \_\_\_\_\_

**Shelter Population:**

Current number of people in shelter \_\_\_\_\_  
 New registrations today: \_\_\_\_\_  
 Total number of registrations: \_\_\_\_\_

**Meals Served:** Date: \_\_\_\_\_  
 Breakfast: \_\_\_\_\_  
 Dinner: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 Snacks: \_\_\_\_\_  
 Special diet requirements: \_\_\_\_\_

**Staff:**

Red Cross volunteer staff: \_\_\_\_\_  
 Red Cross paid staff: \_\_\_\_\_  
 Facility Staff: \_\_\_\_\_  
 Other Staff: \_\_\_\_\_  
 Time of count: \_\_\_\_\_

**Supplies Needed:**

Item:	On Hand:	Needed:
Cots:	_____	_____
Blankets:	_____	_____
Comfort Kits:	_____	_____
Cleanup Kits:	_____	_____
:	_____	_____
:	_____	_____

Any unusual situations: \_\_\_\_\_

**Safety, Security and Housekeeping check:**

Date &amp; Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared by (signature): \_\_\_\_\_  
 Prepared by (printed name): \_\_\_\_\_  
 Date & Time: \_\_\_\_\_