**Operations Checklist**

**[Company Name]**[Department]  
[Date]  
[Prepared By]  
[Shift / Time]

**Daily Operations Tasks**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task Description** | **Responsible Person** | **Status (✔ / ✖)** | **Remarks** |
| Open office / facility | Admin Officer | ✔ | On time |
| Check equipment functionality | Operations Team | ✔ | All working |
| Review daily schedule | Supervisor | ✔ | — |
| Assign tasks to staff | Manager | ✔ | Tasks shared |
| Monitor work progress | Supervisor | ✖ | Delay in Task 3 |
| Ensure safety compliance | Safety Officer | ✔ | PPE in use |
| Handle customer requests | Support Team | ✔ | 5 requests handled |
| Update records / logs | Admin | ✔ | Updated |

**Inventory & Resources Check**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Required Quantity** | **Available** | **Status** |
| Office supplies | 50 units | 45 units | Low |
| Raw materials | 200 kg | 210 kg | OK |
| Tools / Equipment | As required | Available | OK |

**End-of-Day Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Issues Identified:** |  | **Actions Taken:** |  |
| **Pending Tasks:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Signature:** |  | **Date:** |  |