

# SUPERVISOR HANDOVER FORM

<b>Date:</b>	<b>Name:</b>
<b>Start time:</b>	<b>Finish time:</b>

<b>Are all headsets in the consulting rooms in place?</b>	<b>Yes</b>		<b>No</b>	
<b>Were there any GP/Staff cancellations?</b>	<b>Yes</b>		<b>No</b>	
<b>Was the GP timesheet signed by all GP's?</b>	<b>Yes</b>		<b>No</b>	
<b>Was the standby used?</b>	<b>Yes</b>		<b>No</b>	
<b>Was the home worker used?</b>	<b>Yes</b>		<b>No</b>	
<b>Please use this space to provide further details for any the responses above:</b>				
<b>Has the dispatcher updated you with any issues:</b>	<b>Yes</b>		<b>No</b>	
<b>Please state outstanding issues:</b>				
<b>Did all staff/doctors have their smart cards?</b>	<b>Yes</b>		<b>No</b>	
<b>If no, names of personnel without smart cards:</b>				
<b>Has the Receptionist phone been returned?</b>	<b>Yes</b>		<b>No</b>	
<b>Have you passed on all messages?</b>	<b>Yes</b>		<b>No</b>	
<b>Have you check and acknowledged your emails?</b>	<b>Yes</b>		<b>No</b>	
<b>Have there been any incidents?</b>	<b>Yes</b>		<b>No</b>	
<b>If yes, has an incident form been completed?</b>	<b>Yes</b>		<b>No</b>	
<b>Was the shift compliant?</b>	<b>Yes</b>		<b>No</b>	

**please, provide details of all shift breaches: (Continue on a separate page if necessary)**

<b>Case No:</b>	<b>Your explanation for the breach</b>

