[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Retail store loss prevention checklist

Daily shrinkage controls - the small checks that protect margin.

Date: _____

Checked by: _____

Checks

[ ] CCTV system recording and cameras unobstructed Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] High-value items tagged / in locked displays Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Fitting room counts done (items in = items out) Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Refunds checked against receipts Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Deliveries checked against paperwork before signing Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Staff bags stored away from shop floor Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] End-of-day cash handling followed the procedure Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Alarms set and premises secured Yes **[ ]** No **[ ]** N/A **[ ]**

Actions required [List any issues found and what was done]

Sign-off

Checked by: _____ **Signature:** _____ **Date:** _____