[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. Add or remove table rows to fit your needs. 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	[Date]
Checked by	[Name]

Checks

Check	Yes	No	N/A
CCTV system recording and cameras unobstructed	☐	☐	☐
High-value items tagged / in locked displays	☐	☐	☐
Fitting room counts done (items in = items out)	☐	☐	☐
Refunds checked against receipts	☐	☐	☐
Deliveries checked against paperwork before signing	☐	☐	☐
Staff bags stored away from shop floor	☐	☐	☐
End-of-day cash handling followed the procedure	☐	☐	☐
Alarms set and premises secured	☐	☐	☐

Actions required

[List any issues found and what was done]

Sign-off

Checked by	Signature	Date