GUEST IDENTIFICATION DETAILS

COMPLETE NAME……..

I.D. NUMBER……

OPENING DATE……...

OPENING TIME……

ROOM NUMBER……..

INCIDENT TYPE (INDICATE WITH AN "X")

In-house guest requires the opening of the safety box in his / her room…… ☐

In-house guest left opened the safety box with content within it……..…… ☐

CHECK-OUT GUEST LEFT CLOSED THE SAFETY BOX:

- SAFETY BOX EMPTY…….…… ☐
- SAFETY BOX WITH CONTENT……..……..…… ☐

CONTENT DETAILS OF THE SAFETY BOX (IN A CHECK-OUT GUEST)

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ADDITIONAL COMMENTS

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Team member 1 signature Team member 2 signature Guest signature