WELFARE CHECK REPORT

1. BASIC INFORMATION

Date:

Time Initiated:

Hotel Name:

Room Number:

Guest Name:

Guest Arrival Date:

Reporting Employee:

Title/Department:

2. REASON FOR WELFARE CHECK

Reason/Trigger

3. CONTACT ATTEMPTS

TIME	METHOD	RESULT

4. AUTHORIZATION

Approved By:

Title:

Approval Time:

Security Involved:

Notes:

5. PERSONNEL PRESENT

6. ENTRY PROCEDURE

7. OBSERVATIONS (FACTS ONLY)

8. FOLLOW-UP ACTIONS

9. ADDITIONAL COMMENTS

10. CASE RESOLUTION

Outcome Summary:

11. REPORT COMPLETION

Completed By:

Title:

Date Completed:

Time Completed:

Signature:

12. ADDENDUM (IF NEEDED)

Date/Time:

Prepared By: