SOP Template: Closing Procedures Checklist (End-of-Day Shutdown)

This SOP details the **closing procedures checklist** for end-of-day shutdown, covering systematic steps to ensure all equipment is powered down safely, work areas are cleaned and secured, sensitive information is stored properly, and all safety protocols are followed to maintain a secure and efficient transition to the next workday. These procedures help in preventing operational hazards, safeguarding assets, and preparing the site for the next day's activities.

1. Preparation

- Notify all employees of the impending shutdown time.
- Ensure all ongoing tasks are saved, closed, or properly documented for resumption.

2. Equipment Power Down

- Shut down all computers, printers, and electronic devices.
- Turn off all machinery and equipment as per manufacturer's guidelines.
- Unplug non-essential devices, if required.
- Verify any backup procedures have been completed.

3. Work Area Cleaning & Securing

- Clear desks and workspaces of clutter.
- Wipe down surfaces and dispose of trash appropriately.
- Properly store tools and materials in designated areas.
- Check for potential hazards (e.g., spills, obstructions).

4. Security & Confidentiality

- Lock away confidential documents and sensitive information.
- Secure digital data (log out of accounts, shut down workstations, lock cabinets).
- Ensure all keys, badges, or access cards are stored securely or returned as required.

5. Final Safety Check

- Inspect all exits to ensure they are not blocked.
- Turn off all lights except for mandatory safety lighting.
- Verify all doors and windows are closed and locked.
- Set alarm systems where applicable.

6. Log and Handover

- Complete the closing checklist form (digital or paper).
- Log any irregularities or required maintenance for the next shift.
- Inform site security or the next authorized person of the completed shutdown.

7. Exit

- Ensure all staff have vacated the premises.
- Perform a final walk-through if required.
- Lock the main entrance and activate security systems.

Record of Completion:
Personnel Name: _____
Date: _____
Signature: _____