



METRO SECURITY FORCE INC. SUPERVISOR POST INSPECTION REPORT



NAME OF FACILITY: _____

OFFICER ON DUTY: _____ BADGE # _____ DATE: _____ TIME: _____

UNIFORM:

CONDITION

CAP.....	YES	NO	GOOD	FAIR	POOR
TIE.....	YES	NO	GOOD	FAIR	POOR
SHIRT (LS) (SS).....	YES	NO	GOOD	FAIR	POOR
BADGE.....	YES	NO	GOOD	FAIR	POOR
TROUSERS.....	YES	NO	GOOD	FAIR	POOR
BELT.....	YES	NO	GOOD	FAIR	POOR
BLACK SHOES.....	YES	NO	GOOD	FAIR	POOR
JACKET OR COAT.....	YES	NO	GOOD	FAIR	POOR

GENERAL APPERANCE:

HAIR LENGTH:.....	GOOD	FAIR	POOR
CLEAN SHAVEN.....	GOOD	FAIR	POOR
LEATHER POLISHED.....	GOOD	FAIR	POOR
UNIFORM CLEANED.....	GOOD	FAIR	POOR
METAL POLISHED.....	GOOD	FAIR	POOR

WEAPONYES NO
 MAKE.....
 SERIAL NUMBER.....
 COMPANY OWNED.....YES NO
 PERSONAL.....YES NO

PERMIT.....YES NO NUMBER _____ EXP DATE: _____

KNOWLEDGE OF FACILITY AND POST ORDERS:

POST ORDERS.....YES NO
 DETEX OR CLOCK TOURS.....YES NO
 CONDITION OF DETEX.....GOOD FAIR POOR

OFFICERS COMMENTS: _____

SUPERVISOR SIGNATURE BADGE # _____

OFFICER SIGNATURE BADGE # _____

SUPERVISORS COMMENTS: _____

NOTE: ALL NO, FAIR OR POOR ANSWERS MUST BE EXPLAINED IN DETAIL. USE OTHER SIDE IF NECESSARY