Submit by Email | Print Form

OFFICER'S DAILY ACTIVITY REPORT

DATE: _____

SHIFT: FROM _____ TO _____

CLIENT _____

Items No. 1 through 13 must be checked (✓) Yes or No. Items checked Yes must be explained.			
	Yes	No.	Were There Any
1	☐	☐	New Instructions Received
2	☐	☐	Fire Instructions Exits Blocked
3	☐	☐	Other Fire Hazards
4	☐	☐	Security, Exit Lights Out
5	☐	☐	Other Safety Hazards
6	☐	☐	Equipment Left On
7	☐	☐	Window, Doors Unlocked
8	☐	☐	Vaults, Safes Open
9	☐	☐	Offices Unlocked
10	☐	☐	Parking Violations
11	☐	☐	Property Damaged
12	☐	☐	Smoking Violations
13	☐	☐	Defective Equipment

SUBMITTED BY