



METRO SECURITY FORCE INC.



CLIENT SAFETY / SECURITY EVALUATION

DATE: _____ Time: _____ Client Name: _____

Client address: _____

PHONE#: _____ Name of person requesting evaluation: _____

CHECK ALL OF THE FOLLOWING THAT APPLY:

Light bulbs burned out

Tripping hazards _____

Interior _____

Window(s) Unsecured _____

Exterior _____

Door(s) Unsecured _____

Fire hazards _____

Emergency Exits not marked _____

Emergency Fire/ Inclement weather plan not posted _____

Potential safety/ Security risk _____

DETAILS OF EVALUATION:

ACTION TAKEN: _____

SURVEYERS SIGNATURE: _____ **DATE:** _____

REVEIWED BY: _____ **DATE:** _____

CHIEFS SIGNATURE: _____ **DATE:** _____