Executive Security Specialists, Inc.
265 Stebbings Court, Suite 1
Bradley, IL 60915
Phone: 815-932-8800
Fax: 815-932-5566

DAILY OFFICER SHIFT REPORT

DAY: _____ **ACCOUNT:** _____

CLIENT: _____ **DATE:** _____

SHIFT TIME: _____ **OFFICER/RANK NAME:** _____
(print name)

Security Checklist:

Call-in Completed	yes_____	no_____	Time Called: _____
Access Control Maintained	yes_____	no_____	
Key Control Maintained	yes_____	no_____	
Perimeter Secure	yes_____	no_____	
Interior Doors Secure	yes_____	no_____	
Exits well lit/ free from obstructions	yes_____	no_____	
Alarm System Functioning/Maintained	yes_____	no_____	
Smoke/Suspicious Odors/Hazardous Materials	yes_____	no_____	
Adequate Lighting in Appropriate Areas	yes_____	no_____	
Parking Lot Patrols Completed	yes_____	no_____	
Incoming/Out-going Truck Logs Completed	yes_____	no_____	
Unusual Occurrences Documented	yes_____	no_____	
Communications Log Reviewed/Signed	yes_____	no_____	
All Patrols Performed	yes_____	no_____	
General Safety Issues Addressed	yes_____	no_____	

Security Equipment Functioning/Maintained:

Radios	yes _____	no_____
Telephone	yes_____	no_____
Tour Clock	yes _____	no_____
Keys	yes _____	no_____
Vehicle	yes _____	no_____

Equipment Received From: _____
(print name)

Time In: _____ Time Out: _____

Narrative of Shift:

_____

_____

_____

_____

_____

_____

_____

_____

Officer Signature: _____

Date report faxed to ESS: _____
Time report faxed to ESS: _____
Form-ESSSR1