



Security Patrol Daily Activity Log

Date: _____

Guard: _____

Post: _____

Time On: _____

Time Off: _____

Total Hours: _____

Mileage: _____

Gas Expenditure: _____

Road Incidents: _____

Activity w/Timestamp

1.. What did you check?

- (A) Routine Patrol
- (B) Fire Patrol
- (C) Transients/Loiterers
- (D) Suspicious Persons
- (E) Suspicious Vehicles
- (F) Damages
- (G) Unsecured Doors
- (H) Other:

Officer Initials: _____

SHT Security *Initials:* _____



2. What was the vehicle and foot traffic like?

- (A) Slow
- (B) Moderate
- (C) Fast

3. Were there any damages to the property or any other assets?

Yes

No

Explain?

4. Were there any transients on the property?

Yes/No

How many? _____

5. Were there any suspicious persons or vehicles?

Yes/No

How many?

Persons _____

Vehicles _____

6. Were there any unsecured doors that should have been locked?

Yes/No

How many? _____

What location(s)?

Officer Initials: _____

SHT Security Initials: _____



Lined area for notes or signatures.

For, _____ For, _____
Authorized Signatory Authorized Signatory

Name: _____ Name: _____

Date: _____ Date: _____

Officer Initials: _____

SHT Security Initials: _____