

SHIFT ACTIVITY REPORT



Site Name: _____ Date: _____ Client: _____

Passed down Information <input type="checkbox"/> YES <input type="checkbox"/> NO Provide details under shift activity	Keys and equipment received in good order from: _____ Signature _____ Employee Name _____ Signature _____ Start Time _____ End Time _____	
All items checked yes MUST be followed by an Incident Report Were there any of the following:	Time	Shift Activity
1. Missing or Defective Equipment <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Security Breaches <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Safety Hazards <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Suspicious Activity <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Client Policy Violations <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. Injuries/ Illnesses <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Property Damage <input type="checkbox"/> YES <input type="checkbox"/> NO		

Reviewed by (if applicable): _____ Date: _____