



**DAILY ACTIVITY REPORT**  
**Continental Secret Service Bureau, Inc.**

419 Huron St. / Toledo, Ohio 43604 /

In Toledo: (419) 243-2515 or 243-9300  
 Outside Toledo: 1-800-869-8975

CSSB LOCATION			
TOLEDO <input type="checkbox"/>		OTHER <input type="checkbox"/>	
DATE	DAY	SECURITY OFFICER	PAGE OF
JOB SITE / CLIENT NAME		ADDRESS	

PART 1: EQUIPMENT CHECKLIST				PART 2: NARRATIVE		
EQUIPMENT DESCRIPTION	YES	NO	N/A	ITEM NO.	TIME	ACTIVITY - <i>Please note: all reports are according to the 24-hour clock.</i>
Site Manual on Post?						
Watchclock?						
Touchtrack Sys.						
Tested and Working?						
Building Keys?						
Phones Working?						
Radio Working?						
Radio CSSB Identification No.(s)						
Pager?						

PART 3: PATROL CHECKLIST				
ITEM NO.	SUMMARY CHECKLIST	YES	NO	N/A
1.	Patrols / Tours Missed?			
2.	Vaults / Safes Open?			
3.	Alarm Problems?			
4.	Smoking Violations?			
5.	Personnel Escorted?			
6.	Doors / Windows Open?			
7.	Fire Doors Blocked?			
8.	Safety Hazards?			
9.	Accidents?			
10.	Fire Equipment Missing/ In Need of Service?			
11.	Maintenance Problems?			
12.	Unauthorized Entry?			
13.	Property Damage?			
14.	Suspicious Activity?			
15.	Incident Reports?			
16.	Site Visitors?			
17.				

<b>PART 4: FOR SUPERVISORY USE ONLY</b>				



**LOSS, OFFENSE, OR INCIDENT REPORT**  
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CSSB LOCATION TOLEDO <input type="checkbox"/> OTHER <input type="checkbox"/>							
DATE		DAY		SECURITY OFFICER		PAGE _____ OF _____	
JOB SITE / CLIENT NAME				ADDRESS			
TIME OF INCIDENT		DATE OF INCIDENT		CLIENT NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>		PERSON NOTIFIED	
POLICE NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>		FIRE DEPARTMENT NEEDED YES <input type="checkbox"/> NO <input type="checkbox"/>		CENTRAL STATION ADVISED YES <input type="checkbox"/> NO <input type="checkbox"/>		FOR SUPERVISORY USE ONLY	
MUNICIPALITY		MUNICIPALITY		OPERATOR			
NAME	UNIT NO.	STATION	TRUCK NO.	<b>Please note: all reports are using the 24-hour clock.</b>			
SUBJECT <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> REPORTING PARTY <input type="checkbox"/>	NAME			AGE	SEX	RACE	DEPARTMENT
	HOME ADDRESS			CITY	STATE	ZIP	HOME PHONE
VEHICLE INVOLVED <input type="checkbox"/>	VEHICLE DESCRIPTION			LICENSE		PROPERTY DAMAGE	INJURIES
	YEAR	MAKE	MODEL	STATE	NO.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
NATURE OF INCIDENT	AUTO THEFT <input type="checkbox"/>	AUTO BURGLARY <input type="checkbox"/>	AUTO ACCIDENT <input type="checkbox"/>	STOLEN ITEM <input type="checkbox"/>	FIRE <input type="checkbox"/>		
	MISSING EQUIPMENT <input type="checkbox"/>	VANDALISM <input type="checkbox"/>	WORK RELATED ACCIDENT <input type="checkbox"/>	LOST/FOUND <input type="checkbox"/>			
OTHER: _____							
<b>NARRATIVE: DETAIL WHAT OCCURED USING WHO, WHAT, WHERE, WHEN, WHY, AND HOW . . .</b>							
<b>REPORT DISTRIBUTION:</b>							
COPIES OF REPORT SENT TO							
CLIENT <input type="checkbox"/>		MAINTENANCE <input type="checkbox"/>		INSURANCE DEPT. <input type="checkbox"/>			
CSSB OFFICE <input type="checkbox"/>		PERSONNEL DEPT. <input type="checkbox"/>		OUTSIDE INSURANCE COMPANY <input type="checkbox"/>			
REPORTING SECURITY OFFICER				ADDITIONAL SECURITY OFFICER(S)			