Michigan Field Supervisor's Daily Shift Report

Check ALL AUTO PORT and VOITH sites at least once randomly between 2200 and 0800

Date_____ **Vehicle NR**_____ **Administrative & Supervision** **Report Reviewed By:**

Name_____ **Total Miles**_____ **Times:** Hours_____Miles_____ _____

Shift_____ **Personal Vehicle** **Yes**_____**No**_____ **Patrol/Alarm/Special Response** **Times:** Hours_____Miles_____ **Report Logged By:** _____

Location	Gate Open* Y or N	Gate Working Properly	S/O Name	Time Period From To	S/O Site Knowledge	Officer's Appearance	Remark Number	Security Officer's Signature

*** If the gate is open when you arrive on site write up the S/O for Neglect of Duty. Gates need to be kept closed.**

REMARKS: Give comprehensive details of all complaints, descriptions, observations, client contacts, etc. Include subjects of any lessons taught, results of S/O break-ins, follow-ups, overall duty performances, if round made, etc. Use red ink for items requiring immediate staff attention.

Remark#

Signature of Field Supervisor: _____