



SAMPLE TEMPLATE

# Daily Activity Report

DAR  
PAGE 1 OF 2

Blank operational record — no actual shift data

|                   |                    |
|-------------------|--------------------|
| CLIENT / PROPERTY | SITE ADDRESS       |
| GUARD NAME / ID   | DATE (YYYY-MM-DD)  |
| SCHEDULED SHIFT   | ACTUAL START / END |
| CLIENT CONTACT    | SUPERVISOR CONTACT |

## CHRONOLOGICAL ACTIVITY LOG

| TIME | LOCATION / CHECKPOINT | OBSERVATION, ACTION OR CONTACT | INITIAL |
|------|-----------------------|--------------------------------|---------|
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |
|      |                       |                                |         |

|                                                                                                                                                                                       |                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SHIFT-START CHECKS</b>                                                                                                                                                             | <b>SHIFT-END CHECKS</b>                                                                                                                                                                    |
| <input type="checkbox"/> Post orders reviewed <input type="checkbox"/> Equipment received <input type="checkbox"/> Access tools confirmed <input type="checkbox"/> Contacts confirmed | <input type="checkbox"/> Handoff completed <input type="checkbox"/> Keys / equipment returned <input type="checkbox"/> Reports submitted <input type="checkbox"/> Site status communicated |

Record facts, times, locations, actions and notifications. Do not use this form as a substitute for immediate emergency communication.



SAMPLE TEMPLATE

# Daily Activity Report

DAR  
PAGE 2 OF 2

Incidents, escalation and shift close

| CLIENT / PROPERTY | DATE | GUARD NAME / ID |
|-------------------|------|-----------------|
|-------------------|------|-----------------|

## INCIDENT / EXCEPTION SUMMARY

|                                         |                             |
|-----------------------------------------|-----------------------------|
| INCIDENT OR REFERENCE NUMBER            | DATE / TIME                 |
| EXACT LOCATION                          | PERSONS / SERVICES NOTIFIED |
| FACTS OBSERVED / REPORTED               |                             |
|                                         |                             |
| ACTIONS TAKEN                           |                             |
|                                         |                             |
| NOTIFICATIONS AND INSTRUCTIONS RECEIVED |                             |
|                                         |                             |

## END-OF-SHIFT SUMMARY

|                                          |             |
|------------------------------------------|-------------|
| SITE STATUS AT HANDOFF                   |             |
|                                          |             |
| OUTSTANDING ITEMS / FOLLOW-UP REQUIRED   |             |
|                                          |             |
| GUARD SIGNATURE                          | DATE / TIME |
| SUPERVISOR / CLIENT REVIEW (IF REQUIRED) | DATE / TIME |

SAMPLE TEMPLATE ONLY. Adapt fields and escalation instructions to the written service scope and site-specific post orders.