CLR FRM

NAME: _____

CLIENT FACILITY: DRMC

SHIFT HOURS: _____

DATE: _____

WEAPON: NO ☐ YES ☐

WATCHCLOCK: NO ☐ YES ☐

KEYS: NO ☐ YES ☐

OTHER: _____

SECURITY SUPERVISOR DAILY REPORT

TIME AM/PM	
	ON DUTY

Summarize significant shift activity at the end of your DAR