

# Security Patrol Equipment Check

Date:

Time:

Security Personnel Name:

Post/Location:

Equipment	Present	Condition	Remarks
Radio/Walkie-Talkie	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Flashlight	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Notebook	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pen	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Uniform	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Whistle	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Additional Comments:

Personnel Signature

Supervisor Signature