

ACCOUNT SUPERVISOR REPORT

AREA: _____

DATE	TIME		DETACHMENT	CONDITION OF FIREARMS AND KNOWLEDGE OF GUN SAFETY PROCEDURES	SIX-(6) S FINDINGS	APPEARANCE AND KNOWLEDGE OF GUARD/S TO HIS/HER POST ASSIGNMENT AND EMERGENCY PROCEDURES	NAME and SIGNATURE OF DC/OIC/SIC/GUARD`S INSPECTED	OVERALL REMARKS FINDINGS/OBSERVATIONS/INSTRUCTION ISSUED/SPECIAL CONCERNS/COMPLAINTS
	ARRIVAL	DEPARTURE						
\$DATE	\$ARRIVAL	\$DEPARTURE	\$DETACHMENT	\$CONDITION OF	\$SIX-(6) S	\$APPEARANCE AND	\$NAME AND SIGNATURE OF	\$OVERALL REMARKS

Prepared By: _____
Account Supervisor

Prepared By: _____
Operations Supervisor

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