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: **$Prepared By:**
Account Supervisor

Prepared By: **$Prepared By:**
Operations Supervisor