



SHIFT EVENT/ REPORT

DATE: _____
DAY: _____

ACCOUNT: _____
Client and/or facility

SHIFT TIME(S): _____
Please list duration of shift in military time

LOCATION: _____

NUMBER OF STAFF: _____

TYPE OF ACCOUNT: _____
Security for property, liquor control, bar, parking,
labor, armed, escort, other (Please detail)

SUMMARY:

Continue on back (if necessary)

RECAP: PLEASE LIST TOTAL NUMBERS OF EACH

CODE 1: _____	0	LATES: _____	0
CODE 2: _____	0	NC/NS: _____	0
CODE 3: _____	0	CANCELLATIONS: _____	0
10-42: _____	0	IR'S _____	0
EJECTIONS/TRESSPASS: _____	0	FIELD CARDS: _____	0

OTHER:

Please list any other unusual codes or occurrences under other. Make sure that all necessary paperwork to correspond to recap is submitted at this time.

NAME: _____
Of person submitting shift/event report(please print)

EMPLOYEE #: _____

SIGNATURE: _____

Please submit this form with all IR's, field cards, personnel write-ups and any other paperwork at same time

ADDITIONAL SUMMARY:

COMMENTS AND/OR SUGGESTIONS:

DID YOU HAVE ANY PERSONNEL WHO NEEDED ADDITIONAL TRAINING IN ANY AREAS?
PLEASE LIST BY NAME, AND AREA OF TRAINING NEEDED.

PLEASE DO NOT WRITE BELOW- FOR OFFICE USE ONLY

TC:

OP:

QC:

DE:

OM: