

Security Patrol Observation Checklist

Date:

Time:

Patrol Officer Name:

Location/Area:

Observation Checklist

Area/Item	OK	Issue Found	Notes
Perimeter (Fencing, Gates, Walls)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Locks & Access Points	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Doors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Intrusion or Vandalism Signs	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fire Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Hazardous Areas/Safety Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Observations/Comments:

Patrol Officer Signature:

Reviewed By: