

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"/>	<input type="text"/>
Locks & Access Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Doors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Intrusion or Vandalism Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hazardous Areas/Safety Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Observations/Comments:

Patrol Officer Signature:

Reviewed By: