**[A blue background with white text

Description automatically generated](https://www.smartsheet.com/try-it?trp=12229&utm_source=template-word&utm_medium=content&utm_campaign=Security+Shift+Report+Template-word-12229&lpa=Security+Shift+Report+Template+word+12229)Security Shift Report Template**

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| --- | --- | --- | --- | --- | --- |
| Shift Information | | | |  |  |
| **Shift Date** | MM/DD/YY | | |  |  |
| **Shift Start Time** | 12:00 AM | | |  |  |
| **Shift End Time** | 7:00 AM | | |  |  |
| **Security Officer Name** | Name | | |  |  |
| **Location / Area Covered** | Specify the area under surveillance during the shift | | |  |  |
| Patrol Details | | | |  |  |
| **Patrol Start Time** | **Patrol End Time** | **Duration** | **Patrol Routes** | | **Patrol Findings** |
| 1:00 AM | 2:00 AM | 1 hour | Detail the routes or areas covered during each patrol. | | Record any observations, such as suspicious activities, hazards, or equipment checks. |
| 1:00 AM | 2:00 AM | 1 hour |  | |  |
| 1:00 AM | 2:00 AM | 1 hour |  | |  |
| 1:00 AM | 2:00 AM | 1 hour |  | |  |

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| Access Controls | | |  | |  | | | | | | |
| **Entry and Exit Logs** | Record all significant entries and exits, including names and ID numbers if available. | | | | | | | | | | |
| **Authorized Visitors / Personnel** | List names and purpose of visit for any authorized personnel. | | | | | | | | | | |
| **Unauthorized Access Attempts** | Detail any attempts by unauthorized individuals to gain access. | | | | | | | | | | |
| Incidents and Observations | | | | | | | | | | | |
| **Security Incidents** | Describe any incidents such as alarms triggered, unauthorized access attempts, or trespassing. | | | | | | | | | | |
| **Health and Safety Hazards** | Record any hazards observed, such as spills, fire risks, or unsafe conditions. | | | | | | | | | | |
| **Actions Taken** | Outline the measures taken in response to each incident or hazard. | | | | | | | | | | |
| Equipment and System Check | | | | | | | | | | | |
| **Surveillance System Status** | Check the status of cameras, alarms, and monitoring systems. Note any malfunctions. | | | | | | | | | | |
| **Security Equipment Used** | Record details of equipment used during the shift, such as radios, flashlights, or safety gear. | | | | | | | | | | |
| **Equipment Issues** | Record any malfunctions or equipment needing maintenance or repair. | | | | | | | | | | |
| Special Assignments / Tasks | | | | | |  | | | | | | |  | |
| **Assignment Details** | | | | Describe any specific assignments given during the shift, such as guarding a specific area or monitoring an event. | | | | | | | |
| **Task Outcomes** | | | | Record the outcome or status of each assignment or task completed. | | | | | | | |
| **Additional Notes** | | | | Include any observations or remarks related to the special tasks. | | | | | | | |
| Communications Log | | | | | |  | | | | | | |  | |
| **Radio / Phone Communication** | | | | Log significant communications during the shift, including calls to the control center or emergency services. | | | | | | | |
| **Briefings / Handovers** | | | | Detail briefings received at the start of the shift and information passed on to the next officer. | | | | | | | |
| **Supervisor Interaction** | | | | Record any interactions with supervisors, including instructions given or received | | | | | | | |
| Handover Notes | | | | | |  | | | | | | |  | |
| **Handover to** | | | | Name the next Security Officer on duty. | | | | | | | |
| **Pending Issues / Alerts** | | | | Note any outstanding issues, assignments, or alerts. | | | | | | | |
| **Special Instructions** | | | | Outline specific instructions for patrol routes, events, or other important updates. | | | | | | | |
| Incident Report Details (attach if applicable) | | | | | | | | |  |  | | | |
| **Incident Number** | | **Time of Incident** | | | | | **Witness Details** | **Actions Taken / Outcomes** | | |
| 1234 | | 2:00 AM | | | | | Record names and contact information of any witnesses. | Summarize the steps taken and the current status or resolution of the incident. | | |
|  | |  | | | | |  |  | | |
|  | |  | | | | |  |  | | |
| Supervisor Review / Sign-Off | | | | | | | | |  |  | | | |
| **Supervisor Name** | |  | | | | | | |  |  | | | |
| **Supervisor Signature** | |  | | | | | | |  |  | | | |
| **Review Date** | | MM/DD/YY | | | | | | |  |  | | | |
| **Review Time** | | 1:00 PM | | | | | | |  |  | | | |

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