

Security Guard Daily Checklist

Tick it at the time you do it, not at the end of the shift. Anything not done gets a note.

Template by CGuardPro
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SHIFT HEADER

Site	
Post	
Date	
Shift (start–end)	
Officer name and license no.	
Relieving officer (incoming)	

A. OPENING THE SHIFT

Task	Done	Time	Notes / exceptions
Arrived on time, in uniform, license / ID carried as required	☐		
Received pass-down from outgoing officer; read open items	☐		
Read post orders and any new or temporary instructions	☐		
Checked in with supervisor / dispatch	☐		
Counted and signed for keys, fobs and access cards	☐		
Radio tested; phone / device charged	☐		
Flashlight, first-aid kit and fire extinguisher at post checked (as issued)	☐		
Reviewed expected visitors, contractors and deliveries for today	☐		
Alarm panel and camera monitors checked (where applicable)	☐		
Start of shift entered in the daily activity report	☐		

B. PATROL

Task	Done	Time	Notes / exceptions
First round started within ____ minutes of shift start	☐		
Doors, gates and windows secured as the post orders require	☐		
Lighting faults noted (location of each)	☐		
Fire exits clear — not blocked, not propped open	☐		
Hazards reported (spills, trip hazards, damage, leaks)	☐		
Parked vehicles checked; unauthorized or suspicious ones noted	☐		
Restricted areas checked	☐		
Every round logged with its time (patrol log / DAR)	☐		

C. EQUIPMENT

Task	Done	Time	Notes / exceptions
Radio working; battery changed if needed	☐		
Keys accounted for mid-shift	☐		
Patrol vehicle inspected — lights, tires, fuel, damage (if used)	☐		
Body-worn camera / devices as your policy requires	☐		
Uniform and PPE as the site requires	☐		

D. CLOSING THE SHIFT

Task	Done	Time	Notes / exceptions
Final round completed	☐		
All doors and gates locked as the post orders require	☐		
Keys, fobs and radio returned and counted	☐		
Incident reports finished; numbers written in the DAR	☐		
Open items written down for the next shift	☐		
Pass-down given to the relieving officer in person	☐		
End of shift entered in the daily activity report	☐		

SIGN-OFF

Officer signature / time	
Items not completed and why	
Supervisor spot-check (name, time)	

Blank template. Check it against your state licensing rules, your insurer and your client contract before use.