

**FERMILAB SECURITY
LIEUTENANT ACTIVITY REPORT**

DATE: _____

Post: _____

Page 1 of _____

NAME: (Print)	Shift: 1 2 3	Duty Supervisor:
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LIEUTENANT'S SHIFT CHECK LIST
(Check off completed tasks)

1st Shift	2nd Shift	3rd Shift
Capt.'s Pass-On Reviewed..... <input type="checkbox"/>	Capt.'s Pass-On Reviewed <input type="checkbox"/>	Capt.'s Pass-On Reviewed <input type="checkbox"/>
International Flags Up <input type="checkbox"/>	Day Care Center Detail <input type="checkbox"/>	Gates Secured/Lock <input type="checkbox"/>
Pioneer Cemetery Flag Up <input type="checkbox"/>	Post Inspection (2 checks) <input type="checkbox"/>	WHGF. Doors Secured <input type="checkbox"/>
Users Center Detail <input type="checkbox"/>	Parking Enforcement (WH/FCC) <input type="checkbox"/>	International Flags Down <input type="checkbox"/>
WHGF Unlocked <input type="checkbox"/>	Case Report Review..... <input type="checkbox"/>	Pioneer Cemetery Flag Down <input type="checkbox"/>
Kuhn Barn (Lower) Unlocked ... <input type="checkbox"/>	Event Patrol checks..... <input type="checkbox"/>	Kuhn Barn (Lower) Secured <input type="checkbox"/>
SOC Supply Pick-up..... <input type="checkbox"/>		Reserved Parking Taken <input type="checkbox"/>
Gates Lock/Unlock <input type="checkbox"/>		

All shifts must adhere to the following: 2 Post checks per shift, SiDet check, MI-31 checks, Parking Enforcement (WH/FCC), Event Patrols, Exterior Doors at MI-65 & Minos and other duties delegated by the Security Department.

Briefing Notes:

On Call Supervisor: _____ **Art Gallery (Count):** _____ **Int. Flags:** _____

EQUIPMENT

<p>I have received the following:</p> <table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align:center;">Yes</td> <td style="width:10%; text-align:center;">No</td> <td style="width:10%; text-align:center;">N/A</td> <td></td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Radio # _____</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Beat Keys</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Dorm Keys</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>iPhone</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Binoculars</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Handcuffs</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Radar</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Bar Code Scanner</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>OC Spray</td> </tr> </table>	Yes	No	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radio # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beat Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dorm Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iPhone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Binoculars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handcuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bar Code Scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OC Spray	<p>Notes:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Radar Calibration:</p> <p>Model #: _____</p> <p>Time: _____</p> <p>Traffic Stops:</p> <p>Conducted: Y / N</p> <p>Result: _____</p> <hr/> <hr/> <hr/> <hr/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OC Spray																																							

CASE REPORTS

CR#	CLS	REPORT TOPIC	TIME SPENT

