

**FERMILAB SECURITY  
OFFICER ACTIVITY REPORT**

DATE: \_\_\_\_\_

Post: \_\_\_\_\_

Page 1 of \_\_\_\_\_

<b>NAME:</b> (Print) _____	<b>Shift:</b> 1 2 3	<b>Shift Lieutenant:</b> _____	<b>Duty Captain:</b> _____
<b>Briefing Notes:</b> _____ _____ _____ _____ _____ _____ _____ _____			
<b>On Call:</b> _____ <b>Art Gallery (Count):</b> _____ <b>International Flags:</b> _____			

**EQUIPMENT**

<p><b><u>I have received the following:</u></b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Yes</td> <td style="width:10%;">No</td> <td style="width:10%;">N/A</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Radio # _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Beat Keys</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Dorm Keys</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>iPhone</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Binoculars</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Red Sticker Book</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Green Sticker Book</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Blue Sticker Book</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Radar</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bar Code Scanner</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OC Spray</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cypress Scanner</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"/>	Red Sticker Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green Sticker Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue Sticker Book	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cypress Scanner	<p><b>Notes:</b> _____ _____ _____ _____ _____</p>	<p><b><u>Radar Calibration</u></b> Model #: _____ Time: _____</p> <p><b><u>Traffic Stops:</u></b> Conducted: Y / N Result: _____ _____ _____</p>
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<p><b><u>Lieutenant's Post Check:</u></b> (2 Per Shift)</p> <p>Time (First): _____ Time (Second): _____</p> <p>Comments: _____ _____ _____</p> <p>Lt. Signature: _____</p>																																																						

**CASE REPORTS**

CR#	CLS	REPORT TOPIC	TIME SPENT

**FERMILAB SECURITY  
OFFICER ACTIVITY REPORT**

<b>Time Began</b>	<b>ACTIVITIES, LOCATION INSPECTED/CHECKED, UNUSUAL INCIDENTS</b>	<b>Time Complete</b>

**Officer's Signature:** \_\_\_\_\_