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| **Post Evaluation Report** | | |
| Post # | Post Name: | |
| Post Address: | | |
| Post Contact: Telephone: | | |
| Evaluation Period: Date Started: Date Completed: | | |
| Evaluated by: | | |
| Equipment | Personnel  Patrol Commander | Procedures in Numbers |
| Radio # Freq: | Missed Station Checks: |
| Guard Tour Type |  | Guard System Malfunctions: |
| Telephone Number: | Watch Commanders | Radio Malfunctions: |
| Beeper number | 1. | Vehicle Malfunctions: |
| Key Compliance Yes No | 2. | Accidents: |
| Key Identification Code | 3. | Escorts |
| 1. | Supervisors | Service calls: |
| 2. | 1. | Call Off=s: |
| 3. | 2. | Late=s: |
| 4. | 3. | Suspensions: |
| 5. | 4. | Complaints: |
| 6. | 5. | Missed Patrols: |
| *Use reverse side for additional keys* | 6. | Client Contacts: |
| Check Station  Compliance Yes No | Qualified OJT Guards ID Names & ID# | Executive Inspections: |
|  | Lost hours: |
|  |  | Post Reports |
|  |  | Post Instructions Dated |
|  |  | Incident Reports Total |
|  |  | Daily Log Reports Total |
|  |  | OJT Total this period |
| Comments: | | |
|  | | |
| Use reverse side for additional information | | |

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| **VEHICLE INSPECTION REPORT** | | | |
| Shop number: | Date: | Shift: | Post # |
| **Note:** Check a box if the subject item is OK, accounted for or requires documentation. This vehicle shall  Be inspected **BEFORE** it is moved. All fluid levels shall be checked. Check for damage. All problems should  be reported to CCR when you radio in to begin patrol or radio in fuel (gasoline) fill up information. | | | |
| Starting mileage: | | Starting fuel level: | |
| Ending mileage: | | Transmission Fluid Level | |
| Brake lights | | Head lights | |
| Interior Lights | | Oil Level | |
| Turn Signals | | Wipers Fluid | |
| Cleanness of Interior | | Spare Tire, lug wrench and jack | |
| Radiator Level (**Do not open if engine is HOT**) Check temperature gauge. | | | |
| Required Equipment | | | |
| Clip Board | Incident reports | Daily logs | Accident reports |
| Body Damage Inspection – Describe | | | |
| Hood | Windshield | Roof | Trunk |
| Left side | Right side | Bumpers | Interior |
| Describe: Replacement of fluids (other than gasoline), exterior or interior damage, missing equipment.  (Use reverse side if more space is needed) | | | |
| Service Information | | | |
| **Gasoline** - Total Gallons | | **Oil**- Number of Quarts | |
| Purchased at: Total Cost gas/oil $ | | | |
| **Car Wash** - Purchased at: Total Cost $ | | | |
| Repairs Details:  (Use reverse side if more space is needed) | | | |
| Operator Information | | | |
| Name: | | | ID # |
| Special service reviewer: | | | ID # |
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| PERFORMANCE EVALUATION REPORT | | | | | | | | | | | |
| Name: | | | | ID # | Rank: | | | | | | |
| Report Date  / / | Period:  / / | | Anniversary  Date: / / | | | | | Department: | | | |
| Complete report Due: / / | | | Evaluated by: | | | | | | | | |
| Type of Evaluation | | | | | | | | | | | |
| Probationary Review Annual Review In-Step Review Merit Review Other | | | | | | | | | | | |
| Evaluation Factors | | Performance Levels (Circle one for each factor) | | | | | | | | | |
| 1 Adaptability | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2 Attendance | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3 Communication- Verbal | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4 Communications - Written | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5 Dependability | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6 Initiative | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7 Hygiene | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8 Employee Relations | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9 Planning | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10 Public relations | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 Quality of Work | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12 Quantity of Work | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 13 Work Habits | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Totals | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | Score: | | |
| Supervisor & Management | | | | | | | | | | | |
| 14 Supervisory Ability | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 15 Management Ability | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Totals | |  |  |  |  |  |  |  |  |  |  |
| Supervisor Grand Totals | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | Supervisor Score: | | | |
| 1-2: Unsatisfactory 3-4: Improvement Needed  5-7: Satisfactory 8-9: Very Good  10: Excellent | | | | Key: ***Divide Total score by the number of factors***.  Report OF Reports | | | | | | | |

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| **COMPLAINT REPORT** | | | |
| Post | Post # | | Date: |
| Complainant: | | Telephone Work: | |
| Address: | | Fax: | |
| Telephone Home: | |
| Pager: | |
| Location of Incident: | | Date of Incident: | |
| Time of Incident: | |
| NATURE OF COMPLAINT | | | |
| Late  No show Failing to patrol Failing to respond Off Post [INT] Internal | | | |
| Employee(s) involved: ID # | | | |
| COMPLAINT | | | |
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| Received By: | | Date: | |
| Assigned To: | Date: | Due: | |
| Investigated by: | | Date: | |
| DISPOSITION | | | |
|  Unfounded explanation follows Justified explanation follows Pending explanation follows  Other explanation follows | | | |
|  | | | |
|  | | | |
| Executive Signature: Date: | | | |

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| **CLIENT CONTACT REPORT** | | | |
| Purpose: | Date: | Supervisor: | |
| Client: | Post #: | | Telephone: |
| Subject: | | | |
| The following is an overview of a conversation held between the above named parties. The Client Contact Report is not to be used to supplement the Client service Report. This report is used when ever a supervisor has a conversation with a client that could have a negative or positive effect on the performance or responsibilities to the client. | | | |
| Narrative: | | | |
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Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page \_\_\_ of \_\_\_\_ Pages

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| --- | --- | --- |
| **WARNING NOTICE** | | 1st Warning  2nd Warning  3rd Warning |
|  | |  |
| **Name:** | | **Date** |
| **ID Number:** | **Assigned Post:** | |

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| --- | --- |
| **Nature of Violation**   1. **Attendance** 2. **Attitude** 3. **Conduct** 4. **Missed patrol** 5. **Report** 6. **Uniform/Equipment** | **Remarks:** |
| **Guard Comments:** | |
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| **Disposition:** | |
| Warning Suspension for \_\_\_\_\_\_\_ days Demotion Termination Unsubstantiated | |
|  | |

**Note: This notice is now a permanent part of your Personnel record**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **COMPLAINT REPORT** | | | |
| Post | Post # | | Date: |
| Complainant: | | Telephone Work: | |
| Address: | | Fax: | |
| Telephone Home: | |
| Pager: | |
| Location of Incident: | | Date of Incident: | |
| Time of Incident: | |
| NATURE OF COMPLAINT | | | |
| Late  No show Failing to patrol Failing to respond Off Post [INT] Internal | | | |
| Employee(s) involved: ID # | | | |
| COMPLAINT | | | |
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| Received By: | | Date: | |
| Assigned To: | Date: | Due: | |
| Investigated by: | | Date: | |
| DISPOSITION | | | |
|  Unfounded explanation follows Justified explanation follows Pending explanation follows  Other explanation follows | | | |
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|  | | | |
| Executive Signature: Date: | | | |

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| **TRANSPORTATION REQUEST** | |
| **Security Officer Name:** | **Date:** |
| **Telephone #:** | **Time:** |
| **Due to circumstances beyond my control, I request assistance for me in getting to my assigned duties and supply me with transportation:**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **I understand that the cost to me for this transportation is for the above destination. I agree to allow to deduct this amount from my next paycheck or other monies due me.**  **I also understand that transporting me is not a requirement. It is my responsibility to see that I arrive on time to my scheduled assignments by using my own transportation as was agreed by me when I was hired.**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **[NAME] RECOMMENDATIONS** | |

|  |
| --- |
| 1. **Approved Number of prior Transportation requests:\_\_\_\_\_\_\_\_\_** 2. **Disapproved Date of last request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 3. **Patrol Commander:** |
| **PAYROLL** |
| **Payroll Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date entered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Comments:** |

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| **SUPERVISOR INSPECTION REPORT** | | | | | | | | | | | | | | | | | |
| Day of week | | Date: | Check On time | | Check off Time | | | Supervisor Name: | | | | | | | | | ID # |
| Vehicle # | | Starting Mileage | Ending Mileage | | Total Miles | | | Fuel at Start of Shift | | | | Fuel at End of Shift | | | | Posts Checked | # OJT=s |
| Watch Commander | | | Hours spent standing Post | | | | | Hours Spent Transporting | | | | Suspensions | | | | Lates | Overtime |
| POST # | Guards Name | | | Time of Inspection | | Daily Log | Incident Rpt. | Post Keys | Post Instruct’ | Blank Forms | Notebook | Uniform | Hygiene | OJT | Guard Station | Guards Signature | |
| Start | End |
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I certify to all the above Key Code indications for each Guard and Post. All negative indications have been corrected or reprimanded by me.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Key Code |
| S = Satisfactory W = Working OK  V = Unsatisfactory A = Accounted for  X = Broken M = Missing  \* = Attention N/A = Not Applicable |

|  |  |
| --- | --- |
| Command Notification | |
| Watch Commander  Date Initials | Patrol Commander  Date Initials |