TRACER
SECURITY SERVICES

Daily Log	Tfor025	Revision: 5/3/10

Site Information

Site Name: _____ Employee # : _____ Page____ of Pages____
Officer's Rank: _____ Last Name: _____ First Name: _____
Date: _____ Shift Start Time: _____ Shift End Time: _____

Event Time	Event Description	Initials

Event Verification

On-Duty Officer's Signature: _____ Date: _____ Time: _____
Site Manager's Signature: _____ Date: _____ Time: _____
Corporate Visitor's Signature: _____ Date: _____ Time: _____