



# Security Patrol Route Checklist (Daily)

## Perimeter Check

Initial assessment of exterior areas for potential vulnerabilities.

### Starting Point GPS Coordinates

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### Perimeter Check Start Time

#### Gate/Fence Condition

- ☐ Intact
- ☐ Minor Damage
- ☐ Significant Damage
- ☐ Breached

### Lighting Functionality (Perimeter)

- ☐ All Lights Functioning
- ☐ Some Lights Out
- ☐ All Lights Out

### Number of Visible Security Cameras (Perimeter)

Enter a number...

### Any Unusual Observations (Perimeter)

Write something...

### Vegetation Overgrowth

- ☐ None
- ☐ Minor
- ☐ Moderate
- ☐ Severe

## Exterior Doors & Windows

Verification of lock functionality and signs of forced entry on all exterior access points.

### Front Entrance Door Lock Status

- ☐ Functional
- ☐ Malfunctioning
- ☐ Needs Maintenance
- ☐ Forced Open

### Rear Entrance Door Lock Status

- ☐ Functional
- ☐ Malfunctioning
- ☐ Needs Maintenance
- ☐ Forced Open

### Side Entrance Door Lock Status

- ☐ Functional
- ☐ Malfunctioning
- ☐ Needs Maintenance
- ☐ Forced Open

### Number of Damaged Windows

Enter a number...

### Window Condition Notes

Write something...

### Delivery Door Secured?

- ☐ Yes
- ☐ No
- ☐ N/A

## Parking Lot/Loading Dock

Assessment of vehicle activity, lighting, and potential hazards within the parking area and loading zones.

**Arrival Time at Parking Lot/Loading Dock**

**Lighting Status**

- ☐ All Lights Functioning
- ☐ Some Lights Out - Report
- ☐ Lights Malfunctioning - Report

**Vehicle Count - Unusual Activity?**

Enter a number...

**Unusual Vehicle/Person Activity**

Write something...

**Location of Suspicious Activity**

 Set My Current Location



### Loading Dock Security - Secured?

- ☐ Doors Secured
- ☐ Door Ajar - Investigate
- ☐ Door Damaged

## Interior - Sales Floor

Observation of customer behavior, merchandise security, and employee awareness on the sales floor.

### High-Risk Merchandise Areas Checked?

- ☐ Jewelry Display
- ☐ Electronics Display
- ☐ Cosmetics Counter
- ☐ High-Value Clothing
- ☐ Gift Cards

### Approximate Customer Count

### Merchandise Security Devices Operational?

- ☐ Yes
- ☐ No
- ☐ N/A

### Observed Customer Behavior Notes

### Employee Awareness of Security Protocols?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Improvement

### Location of any suspicious activity

 [Set My Current Location](#)



### Incident Number (If Applicable)

Write something...

## Interior - Back of House

Inspection of stockrooms, employee areas, and potentially vulnerable areas behind the sales floor.

### Stockroom Door Lock Status

- ☐ Locked
- ☐ Unlocked
- ☐ Damaged

### Receiving Area Security

- ☐ Secure
- ☐ Unsecured
- ☐ Compromised

### Quantity of High-Value Merchandise Visible

Enter a number...


### Notes on Employee Behavior/Activity

Write something...

### Condition of Delivery/Loading Docks

- ☐ Clean & Secure
- ☐ Minor Debris
- ☐ Significant Debris/Damage

### Photographic Evidence (if needed)

 Upload File

**Time of Last Stock Rotation Check**

## Restrooms & Break Rooms

Quick check for cleanliness, signs of vandalism, and unusual activity.

### Restroom Check - Number of People Present

Enter a number...

### Restroom - Cleanliness Level

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

### Break Room - Cleanliness Level

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

### Restroom - Issues Observed (Select all that apply)

- ☐ Vandalism
- ☐ Leaks
- ☐ Missing Supplies (Toilet Paper, Soap)
- ☐ Unpleasant Odor
- ☐ Damaged Fixtures
- ☐ None



### Restroom/Break Room - Any Additional Notes/Observations

Write something...

### Breakroom - Stock Levels (Supplies)

- ☐ Adequate
- ☐ Low
- ☐ Critical

## Emergency Equipment

Verification of functionality and accessibility of fire extinguishers, first aid kits, and emergency lighting.

### Fire Extinguisher 1 - Location (Front Entrance)

- ☐ Functional
- ☐ Needs Inspection
- ☐ Missing/Damaged

### Fire Extinguisher 2 - Location (Back Storage)

- ☐ Functional
- ☐ Needs Inspection
- ☐ Missing/Damaged

### Fire Extinguisher Pressure (PSI) - Front Entrance

Enter a number...

### First Aid Kit - Condition

- ☐ Well-Stocked
- ☐ Low Stock - Replenishment Needed
- ☐ Missing/Damaged

### Last Inspection Date - Fire Extinguishers

Enter date...

### Time of Equipment Check

## CCTV & Alarm System

Confirmation of camera functionality and alarm system status. Note any alerts or malfunctions.

### Alarm System Status

- ☐ Armed
- ☐ Disarmed
- ☐ Testing
- ☐ Faulted

### Number of CCTV Cameras Online

Enter a number...

### Camera Recording Status

- ☐ Recording
- ☐ Not Recording
- ☐ Error

### CCTV/Alarm System Notes

Write something...

### Last System Check Time

## Incident Reporting

Documentation of any observed incidents, suspicious activity, or maintenance issues.

### Describe any suspicious activity observed.

Write something...

### Detail any incidents of theft or attempted theft.

Write something...

**Note any maintenance issues requiring attention (e.g., broken lights, damaged doors).**

Write something...

**Estimated value of lost or damaged merchandise (if applicable).**

Enter a number...

**Type of Incident (Select one)**

- ☐ Theft
- ☐ Vandalism
- ☐ Suspicious Person/Vehicle
- ☐ Medical Emergency
- ☐ Fire/Safety Hazard
- ☐ Other

**Precise Location of Incident**

 [Set My Current Location](#)



**Date of Incident**

Enter date...

**Time of Incident**

**Upload any supporting documentation (e.g., photos, videos)**

 Upload File