SECURITY GUARD POST INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Post Appearance & Equipment

☐ Yes ☐ No — Post area is clean, organized, and free of debris

☐ Yes ☐ No — Communication devices are functional and charged

☐ Yes ☐ No — Flashlights and emergency gear are present and working

☐ Yes ☐ No — Furniture and fixtures are in good repair

Documentation & Records

☐ Yes ☐ No — Daily activity logs are current and accurate

☐ Yes ☐ No — Incident reports are filed and accessible

☐ Yes ☐ No — Post orders and emergency contacts are up to date

☐ Yes ☐ No — Visitor logs and sign-in sheets are properly maintained

Security Systems & Access

☐ Yes ☐ No — CCTV monitors and cameras are operational

☐ Yes ☐ No — Alarm systems and panic buttons are tested

☐ Yes ☐ No — Access control systems and card readers function correctly

☐ Yes ☐ No — Keys and access badges are accounted for and secured

Safety & Compliance

☐ Yes ☐ No — Fire extinguishers are inspected and accessible

☐ Yes ☐ No — First aid kits are fully stocked and available

☐ Yes ☐ No — Emergency exits are clear and properly marked

☐ Yes ☐ No — Guard is wearing the correct uniform and identification

FINAL NOTES

Inspector Comments:

_____

_____

_____

_____

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately

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