ValGuard Security Inc.

Shift Report / Duty Log

1) Do not leave your post unless relieved.
2) Always sign your report once relieved.
3) Be as specific as possible, stick to the facts.
4) Immediately report anything urgent.
5) Always be courteous, alert and vigilant.

Contact Information:
Operations Control Room (OCR):
TF: **1-855-2930888 / 1-855-2930915**
Fax: **1-866-6208185**
Email: operations@valguard.ca
Police/Ambulance/Fire: **911**
Superintendent:_____

Name of guard:		**Badge #** **Date :**
Shift hours:	**Location/Site:**	**1701-5 McCowan Rd. Scarborough**
Page ___of ____ Relieved by:		Incident report attached: Choose

Time (hh:mm)	Details (please write clearly, print if necessary, cross out unused lines):