CENTRON SECURITY SERVICES

Daily Security Report

Client No.	Client Name	Location	Date
2036	O. H. MATERIALS	1002 OSWEGO ST. UTICA, N.Y.	1/17/87

Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other
	✓	—	—	—	✓	✓	GATE & TRAILER KEYS

Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.

Officer—Day Shift (Name)	Officer—Swing Shift (Name)	Officer—Grave Shift (Name)
Kenneth Fielding	Joe Del Vecchio	POWER, Tim
Shift Began 8 AM-PM Ended 4 AM-PM	Shift Began 4 AM-PM Ended 12 AM-PM	Shift Began 12 mid AM-PM Ended 8:00 AM-PM

Observations or actions taken	Day Shift Yes	Day Shift No	Explanation	Swing Shift Yes	Swing Shift No	Explanation	Grave Shift Yes	Grave Shift No	Explanation
Rounds or stations missed		✓			✓			✓	
Unlocked doors, gates or windows		✓			✓			✓	
Unlocked vaults or safes		✓			✓			✓	
Fire-smoke-or hazards		✓			✓			✓	
1. Extinguishers missing or defective		✓			✓			✓	
2. Sprinkler system defective		✓			✓			✓	
3. Fire doors or exits blocked		✓			✓			✓	
4. Rubbish accumulation		✓			✓			✓	
5. Motors running		✓			✓			✓	
6. Lights left burning		✓			✓			✓	
Injury hazards		✓			✓			✓	
Visitors		✓		✓		see remarks		✓	
Trespassing		✓			✓			✓	
Violation of company rules		✓			✓			✓	

Remarks: Visual ck. area when not on rounds (K.F.) I taped the switch that goes to trailer, leave that one on. (K.F.) First the police came to inquire about the noises. Then at 7:40 capt. chk ft came. (K.D.)

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

	Day Shift 1.	Day Shift 2.	Day Shift 3.	Swing Shift 1.	Swing Shift 2	Swing Shift 3	Grave Shift 1.	Grave Shift 2.	Grave Shift 3.
1. Were you injured during this tour?	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No
2. Did you suffer any illness?	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	(Yes) No	Yes No	Yes No	(Yes) No	Yes No	Yes No	(Yes) No	Yes No	Yes No
Signatures	1 Kenneth Fielding			1 Joseph D. Vecchio			1 Tim Power		
Signatures	2.			2			2.		
Signatures	3.			3			3.		

Chuff 7 A.M. 40

438756

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.

CENTRON SECURITY SERVICES, INC.

Date of Report 1/17/87

time of Report 7:40

Client; O.H. metals

Address: 1002 Oswego St.

Location of Incident Boserts plant

-Incident noises from inside of plant

Date occurred 1/17/86 Time occurred 6:35 AM PM

Details and circumstances of incident;WHO,WHAT,WHERE,WHEN, &HOW???

while on rounds I heard strange noises coming from the Barrels by the corner of the Building. I then went and got the flashlight to check it out. when I got over there I heard A loud thud from inside the Building. Then when I was on Lenox street I again heard A thud from inside the Building. After rounds I called the office and About 10-15 min. later A police car Arrived. I told him About the noises from inside. First he said that he wasn't prepared to go All through the Building, But Asked If I wante him to go through. I told him no, But If I heard it Again that I'd call. At 7:40 captain chuff came to check it out. He told me that if I heard it again to call the police!

Signed- Steven Del Vecchio Rank: Page 1 of 1