CENTRON SECURITY SERVICES

Daily Security Report

Client No.	Client Name	Location	Date
2036	O.H. Metals	1002 Oswego St.	4/13/87

Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other
	✓	—	—	—	✓	✓	Gate & Trailer keys, phone

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)
Ofc K. Felix	Ofc. Del Vecchio	Dick Kokoszki
Shift Began 8 AM/PM Ended 4 AM/PM	Shift Began 4 AM/PM Ended 12 AM/PM	Shift Began 12 AM/PM Ended 8 AM/PM

Observations or actions taken	Day Shift Yes	Day Shift No	Day Shift Explanation	Swing Shift Yes	Swing Shift No	Swing Shift Explanation	Grave Shift Yes	Grave Shift No	Grave Shift Explanation
Rounds or stations missed	✓		8:00AM Rd (clock stopped)		✓		✓	✓	6:30AM. Rd.
Unlocked doors, gates or windows		✓	visual ck. made.		✓			✓	clock (stopped or
Unlocked vaults or safes		✓			✓			✓	slowed up.)
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		✓		✓		AT required		✓	LIGHTS OUT
Injury hazards		✓			✓			✓	At 6:37 AM.
Visitors	Capt. Miller + O'Neal were here Capt.				✓				
Trespassing	Miller reset + moved tape. tape				✓			✓	
Violation of company rules	was wet again!				✓			✓	

Remarks DETEX CLOCK STOPPED AT 5:55AM. I CALLED CAPT. MILLER AND REPORTED CLOCK FAILURE, HE SAID HE WOULD CHECK THE CLOCK OUT LATER IN THE MORNING. DID VISUAL CK FOR 6:30 AM. ROUND (RK) Capt. Miller on site 8:35AM. to set & moved tape to dry ~~[illegible]~~ spot (KF) visual ck 8:00AM RD (KF)

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 Felix			1 Kevin Del Vecchio			1 Dick Kokoszki		
Signatures	2			2			2.		
Signatures	3.			3			3.		

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

CENTRON SECURITY SERVICES, INC.

Date of Report 4/13/87

time of Report 6:31 AM.

Client; OH METALS.

Address: 1002 OSWEGO St. UTICA NY.

Location of Incident

-Incident

Date occurred 4/13/87 Time occurred 5:55 AM PM

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

DETEX CLOCK STOPPED AT 5:55 AM. I CALLED CAPT. MILLER TO REPORT THE CLOCK FAILURE AT. 6:25 AM. HE SAID HE WOULD BE AT THIS SITE LATER ON IN THE MORNING TO CHECK THE CLOCK.

Signed- Dick Wokoszki Rank S. O. Page 1 of 2