CENTRON SECURITY SERVICES

Daily Security Report

Client No.	Client Name	Location	Date
2036	O. H. Materials	10020 Sweyu ST	5/8/87

Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other
	1	—	—	—	1	1	3 Keys, Log Book

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 Haley	R. Dealing	Dick Kokoszki
Shift Began	8 AM/PM	4 AM/PM	12 AM/PM
Ended	4 AM/PM	12 AM/PM	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			Centron Officers are to stay by gate, until		✓			✓	
Unlocked doors, gates or windows			they hear different. No rounds		✓			✓	
Unlocked vaults or safes			until then.		✓			✓	
Fire-smoke-or hazards					✓			✓	
1. Extinguishers missing or defective					✓			✓	
2. Sprinkler system defective					✓			✓	
3. Fire doors or exits blocked					✓			✓	
4. Rubbish accumulation					✓			✓	SEE INCIDENT
5. Motors running					✓			✓	REPORT.
6. Lights left burning				✓		As required		✓	REMARKS.
Injury hazards					✓			✓	
Visitors O.H.M. & E.P.A. people on site. with				✓		OHM + TAT/EPA	✓		OHM & EPA MEN
~~Trespassing~~ their Equipment.					✓			✓	
Violation of company rules					✓			✓	

Remarks Remaining two flood lights went out at 1:08 AM. Checked breakers but lights would not come on. RK. The two flood lights came back on at 1:17 AM. RK. ALSO, LIGHTS WERE BLINKING ON AND OFF IN TRAILER AT THE SAME TIME THE FLOOD LIGHTS WENT OFF. RK.

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	Day Shift 1 Kenneth Haley			Swing Shift 1 Robert Dealing			Grave Shift 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 5/8/87

time of Report 2:13 AM

Client; O H MATERIALS

Address: 1002 OSWEGO ST. UTICA NY. 13502.

Location of Incident BOSSERT MANF. PLANT. SITE

-Incident FLOOD LIGHT FAILURE

Date occurred 5/8/87. Time occurred 1:08. AM PM

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

At 1:08 am. lights in trailer started to blink on and off. I went outside and noticed that the flood lights were also blinking and then went out. I chek breaker box and reset the 3 twenty amp breakers. The flood lights did not come on. At 1:17 am the flood lights came on. They stayed on untill 2:05 AM, then went out again. I did not reset the breakers. Flood lights came back on at 2:22 a.m.

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