

SUPERVISOR'S DAILY REPORT

NAME:	DATE:	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Equipment Problems:			
Corrective Action Taken:			
Corrected <input type="checkbox"/> On-Going <input type="checkbox"/>			
Radio Problems:			
Corrective Action Taken:			
Corrected <input type="checkbox"/> On-Going <input type="checkbox"/>			
Telephone Problems:			
Corrective Action Taken:			
Corrected <input type="checkbox"/> On-Going <input type="checkbox"/>			
Major Calls: (Deaths, Shootings, Major Wrecks w/Fatalities, Haz-Mat, Stabbing, etc)			
Exceptional Calls Handled:			
Signature of on Duty Supervisor:			
Briefed Relieving Supervisor:			