



MASON SECURITY NETWORK  
BLDG Safety Check

<b>1. Bldg. Name:</b>	<b>2. Reporting Officer:</b>	<b>3. Date:</b>	<b>Time:</b>
<b>4. ALARMS</b> Security Failures Electrical			
<b>5. Bldg. Safety Violations</b>			
<b>6. Parking Lot Violations</b>			
<b>7. Equipment Repairs</b>			
<b>8. Fire Extinguishers Checked</b>			
<b>9. Unlawful Entries</b> Windows, doors, etc.			
<b>10. Exterior Problems Bldg.</b>		<b>Officer Signatures:</b>	