

Security Guard Evaluation Form

Name of Event: _____ Event Date: ____ / ____ / ____

Time In: _____ Time Out: _____

1. Appearance:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Professionalism:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. Alertness & Presence:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

4. Overall Performance:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

5. Lunch/Break Taken?

☐ Yes ☐ No If yes, how long? _____

Leader Comments (optional):

Leader Name (Print): _____

Leader Signature: _____

Security Guard Acknowledgment

I confirm that the information above is accurate to the best of my knowledge.

Security Guard Name (Print): _____

Signature: _____ Date: ____ / ____ / ____

Note: This form is intended for **one security guard only**.
Please complete a separate form for each additional guard.