

BUSINESS SECURITY SURVEY

CONFIDENTIAL

AGENCY:

NAME: _____
 ADDRESS: _____
 PHONE: _____ TYPE OF CONSTRUCTION: Frame Masonry
 TYPE OF PREMISES: Single Row Mall Other _____
 BUSINESS PREVIOUSLY BURGLARIZED: Yes Date _____ No
 REQUEST BY: Canvass Request Follow-up
 SURVEY CONDUCTED BY: _____

CASE NO: _____
 DATE SURVEYED: _____ TIME: _____
 RESURVEY LAST SURVEY DATE: _____
 OPERATION I.D.: Yes No
 AGENCY PHONE NUMBER: _____
 MEMBER OF NEIGHBORHOOD WATCH: Yes No

DOOR SYSTEMS

HINGED DOORS – F (front) S (side) R (rear) O (other)

F	S	R	O	Recommendations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reinforce frame and strike plate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add auxiliary lock
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single cylinder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double cylinder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify hinges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Install 180° door viewer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace door
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double door – install lever extension flush bolts

OTHER _____

BAY/WAREHOUSE DOORS

Exterior
 Interior – Bay/Warehouse Doors
 Overhead

E	I	O	Recommendations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add auxiliary lock
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin track
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric door opener

OTHER _____

MISCELLANEOUS

Limit roof access
 Trim Shrubbery
 Properly locate address numbers front/rear
 Locks on gates
 Review key control policy
 Review employer hiring practices
 Review cash control policy
 Detached building – security
 Visibility of cash register/safe
 Install/repair fencing
 Remove debris

OTHER _____

WINDOWS

WINDOWS/PLATE GLASS

F	S	R	O	Recommendations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bar or grillwork
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective film
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Install auxiliary lock
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove cranks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace Windows

OTHER _____

MISCELLANEOUS OPENINGS

Roof vents
 Underground access
 Delivery /openings
 Skylights
 Trap doors
 Exhaust ducts
 Other vents

OTHER _____

ALARMS

Yes No

Central Station
 Fire/Smoke alarm
 Audible only
 System update

Last date tested: _____

Operation I.D.

Engrave property
 Record/inventory
 Display warning sticker

If yes – brief description of existing system

Company/hardware in use

LIGHTING

Exterior
 Additional lighting needed:

Install protective covering
 Repair existing lighting

Interior
 Additional lighting needed:

Repair existing lighting

OTHER INFORMATION

RECEIVED BY:

White – Business
Yellow - Agency
Pink - Originator

The purpose of this survey is to provide security recommendations. This report is only advisory and is not intended to identify all security weaknesses or to warrant the adequacy of all present and future security measures whether or not recommended.