

Maryland Community Crime Prevention Institute

COMMERCIAL/INDUSTRIAL SECURITY SURVEY

BUSINESS NAME		OWNER OR OPERATOR		TELEPHONE WORK	
				HOME	
BUSINESS ADDRESS			# EMPLOYEES		DATE
					TIME
DEPARTMENT	OFFICER	ID#	PHONE		DISTRICT
EXTERIOR		INTERIOR			RISK MANAGEMENT (Continued)
A. GROUNDS: 1. Fencing <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Landscaping <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Parking <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Walkway(s) <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Is there a guard? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 6. Is there card key access to parking lot? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 7. Are there parking stickers indicating employee vehicles? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 8. Is CEO's parkingspace marked? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 9. Does she/he use the same space all the time? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R B. LIGHTING: 1. Front <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Right Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Left Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Rear <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Parking Area(s) <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 6. Maintenance <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R C. BUILDING PERIMETER: 1. Front <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Right Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Left Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Rear <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Roof Access <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R D. DOORS: Alarms, Construction, Hardware/Locks* Hinges 1. Front <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Right Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Left Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Rear <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R E. WINDOWS: Alarms, Construction, Glazing, Hardware/Locks, Visibility 1. Front <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Right Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Left Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Rear <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R F. MISCELLANEOUS: 1. Location Identified <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Out Buildings <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Storage Compound <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Vehicle(s) <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Cameras <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R	G. DOORS: 1. Front <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Right Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Left Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Rear <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R H. WINDOWS: 1. Front <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Right Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Left Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Rear <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R I. LIGHTING: 1. Center Area <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Front Area <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Right Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Left Side <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Rear Area <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R J. SAFE: 1. Alarm(s) <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Employee Access <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Location <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Secured to Floor <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Size and Type <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 6. Illumination <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R K. SECURITY ROOM: 1. Construction <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Doors <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Hardware/Locks <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Location <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R	N. DISPLAYS: 1. Accountability <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Arrangement <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Height <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Location <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Neatness <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R O. INTERNAL THEFT: 1. Prevention Techniques <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Management Training <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R P. KEY CONTROL: 1. Access <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Distribution <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Re-Keying <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R Q. OPERATING PROCEDURES: 1. Anti-fraud <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Anti-shoplifting <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Employees: a. Is there a background check? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R b. Do employees wear identification? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Visitors/Repair Workers: a. Are they allowed? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R b. How are they screened? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R c. Are they escorted? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Miscellaneous: a. Is there a delivery site for packages, mail, etc.? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R b. Are packages screened? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R c. Is there closed circuit TV? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R d. Who monitors it? <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R e. Business Watch <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R f. Commercial Security Network <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R g. Operation Identification <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R h. Fire Escape Plan <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R			
		RISK MANAGEMENT			
		L. ROBBERY PROTECTION: 1. Holdup Alarm(s) <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Bait Money <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Prevention Techniques <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Procedures <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 5. Cameras <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R M. CASH CONTROL: 1. Bank Deposits <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 2. Registers <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 3. Safe <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R 4. Check/Credit Card Policy <input type="checkbox"/> S <input type="checkbox"/> N/A <input type="checkbox"/> R			
		S = Satisfactory N/A = Not Applicable R = Recommendation (Use number(s) from General Recommendations.) *Be sure hardware conforms to Life Safety Code.			

ADDITIONAL COMMENTS: (Precede all comments with the relative letter and number above.)



GENERAL RECOMMENDATIONS

A. GROUNDS:

1. Maintain proper height of shrubs to allow maximum visibility.
2. Ladders/tools should be inaccessible to prevent assisting a burglar.

B. LIGHTING:

1. Erect lights to adequately illuminate outside area.

C. DOORS:

1. Consider installing an appropriate alarm system.
2. Consider installing a door of solid wood or metal construction with or without windows.
3. Reinforce door frame to prevent forced entry.
4. Install a deadbolt lock with a 1½ inch throwbolt, slip ring, harden bolts. Be sure hardware conforms to Life Safety Codes
5. Use screws of at least 2½" in length when installing a strike plate.
6. Spot weld or pin hinge to prevent removal.
7. Install a wide angle door viewer and/or voice intercommunications device.
8. Pin, dowel, or purchase commercial key operated locks.
9. Install a keyless deadbolt lock or heavy duty slide cane bolt.
10. Door should be closed at all times.
11. Install electric door opener, or install padlock in slide track.

D. WINDOWS:

1. Place polycarbon window or use grate over the glass presently installed.

E. OUTBUILDING:

1. Secure with a case hardened steel hasp/lock (with heel and toe) chain.

F. ROBBERY PROTECTION:

1. All employees should have sufficient crime prevention training to reduce losses.

G. DISPLAYS:

1. Arrange displays/signs to allow for proper visibility.

H. KEY CONTROL:

1. A minimum number of persons should possess or have access to keys.
2. Spare keys should be kept in a secured cabinet or vault.

I. MISCELLANEOUS:

1. Consider starting a Business Watch Association to heighten power of observation and encourage mutual assistance and concern among neighboring businesses and police.
2. Consider installing a smoke detector. Develop a fire escape plan.