

Essential Business Impact Analysis Risk Assessment Checklist

Disclaimer

The information provided in this checklist does not constitute legal advice and competent legal advice should be consulted prior to the initiation or implementation of any action. This disclaimer remains in effect for perpetuity.

General Information		
Survey Date:	Person(s) Conducting Survey:	
Facility Name		
Address		
Client Contact and Telephone Number		
Building Owner or Manager and Telephone Number		
Name, Job Title and Telephone Number of Security Manager		
Type of Facility	<input type="checkbox"/> Office Building(s) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Apartments <input type="checkbox"/> Residence <input type="checkbox"/> Parking Garage/Lot <input type="checkbox"/> Entertainment Venue	<input type="checkbox"/> Shopping Center/Mall <input type="checkbox"/> Warehouse(s) <input type="checkbox"/> Utilities Facility <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Educational Facility <input type="checkbox"/> Other (Describe)
Type of Construction	<input type="checkbox"/> Concrete or masonry <input type="checkbox"/> Steel	<input type="checkbox"/> Wood <input type="checkbox"/> Mixed construction
Size of Facility	<input type="text"/> Total Square Feet <input type="text"/> Number of Floors <input type="text"/> Number of Buildings <input type="text"/> Number of Tenants <input type="text"/> Number of Atriums	<input type="text"/> Number of Building Entrances, Tunnels and Walkways <input type="text"/> Staff Daily Average <input type="text"/> Visitor Daily Average <input type="text"/> Number of vehicles daily
Hours of Business Operation		
Facility Location	City: County:	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
Emergency Services	Police: Fire: Ambulance: HazMat: Water: Electricity:	Response Time: Response Time: Response Time: Response Time: Response Time: Response Time:
What is the major product or occupation		
What hazardous materials are used at the facility?		

What materials or products of unusual value are stored at the facility, i.e, drugs, precious metals, etc?													
What areas of the facility are restricted to selected employee access, i.e., R&D, etc?													
Is there are helipad or heliport? If yes, describe location.	___ Yes ___ No												
Is access from the roof possible? If yes, describe.	___ Yes ___ No												
Is the facility in general compliance with ADA requirements? If yes, describe.	___ Yes ___ No												
Is there classified defense information at the facility?	___ Yes ___ No												
What are the expected goals of the risk assessment?													
What are the major security risks?													
Demographic Influences													
1. What are the major types of business in the immediate area?	<table border="0"> <tr> <td>___ Adult Entertainment</td> <td>___ Restaurants/Bars</td> </tr> <tr> <td>___ Agricultural</td> <td>___ Sports Venues</td> </tr> <tr> <td>___ Apartments</td> <td>___ Transportation</td> </tr> <tr> <td>___ Family Entertainment</td> <td>___ Warehouse</td> </tr> <tr> <td>___ Manufacturing</td> <td>___ Other</td> </tr> <tr> <td>___ Offices</td> <td>(Describe)</td> </tr> </table>	___ Adult Entertainment	___ Restaurants/Bars	___ Agricultural	___ Sports Venues	___ Apartments	___ Transportation	___ Family Entertainment	___ Warehouse	___ Manufacturing	___ Other	___ Offices	(Describe)
___ Adult Entertainment	___ Restaurants/Bars												
___ Agricultural	___ Sports Venues												
___ Apartments	___ Transportation												
___ Family Entertainment	___ Warehouse												
___ Manufacturing	___ Other												
___ Offices	(Describe)												
2. What major roads or streets are in the immediate area?													
3. What type of public transportation serves the area?													
4. During the hours of darkness, what is the quality of the lighting adjacent to the facility?													
5. What is the extent of the problem with undesirable persons loitering in the area, i.e., homeless, prostitutes, drug dealers, etc?													
6. What special hazards exist in the immediate area that increases risk potential for the facility?													
7. What are the boundaries of the chosen statistical area or neighborhood?													

8.	How many crimes in the chosen statistical area have been reported to the police during the previous two calendar years?	<input type="checkbox"/> Total Crimes <input type="checkbox"/> Crimes Against Persons <input type="checkbox"/> Crimes Against Property <input type="checkbox"/> Aggravated Assault <input type="checkbox"/> Arson <input type="checkbox"/> Auto Theft <input type="checkbox"/> Burglary <input type="checkbox"/> Criminal Mischief/Vandalism <input type="checkbox"/> Drug Related Offenses <input type="checkbox"/> Larceny Over \$50 <input type="checkbox"/> Murder/Manslaughter <input type="checkbox"/> Other Assaults <input type="checkbox"/> Other Sex Offenses <input type="checkbox"/> Prostitution <input type="checkbox"/> Rape/Sexual Assault <input type="checkbox"/> Robbery <input type="checkbox"/> Theft From Motor Vehicle <input type="checkbox"/> Vagrancy <input type="checkbox"/> Weapons Offenses <input type="checkbox"/> Other Offenses
9.	How many crimes occurring on the facility property have been reported to the police during the previous two calendar years?	<input type="checkbox"/> Total Crimes <input type="checkbox"/> Crimes Against Persons <input type="checkbox"/> Crimes Against Property <input type="checkbox"/> Aggravated Assault <input type="checkbox"/> Arson <input type="checkbox"/> Auto Theft <input type="checkbox"/> Burglary <input type="checkbox"/> Criminal Mischief/Vandalism <input type="checkbox"/> Drug Related Offenses <input type="checkbox"/> Larceny Over \$50 <input type="checkbox"/> Murder/Manslaughter <input type="checkbox"/> Other Assaults <input type="checkbox"/> Other Sex Offenses <input type="checkbox"/> Prostitution <input type="checkbox"/> Rape/Sexual Assault <input type="checkbox"/> Robbery <input type="checkbox"/> Theft From Motor Vehicle <input type="checkbox"/> Vagrancy <input type="checkbox"/> Weapons Offenses <input type="checkbox"/> Other Offenses
10.	Is there evidence of graffiti in the chosen statistical area? If yes, describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perimeter Control		
1.	How is the facility property line adequately identified to the public?	
2.	Is the property completely enclosed with a fence at least six feet in height? If less than completely enclosed, identify the enclosed areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	What type of fence construction is used that ensures the average person would have difficulty climbing over the fence?	

4.	Does the fence have an overhang of at least 18 inches in length and at a 45-degree angle out from the enclosed area?	___ Yes ___ No
5.	Are there buildings, vehicles or vegetation adjacent to the fence that would assist an intruder to go over the fence? If yes, describe.	___ Yes ___ No
6.	Where could an individual get under the fence?	
7.	When are periodic security patrols made of the facility perimeter?	
8.	How frequently are maintenance inspections conducted of the fencing?	
9.	Are entrance gates to the enclosed area of construction at least comparable to the fence?	___ Yes ___ No
10.	Are entrance gates to the enclosed area closed and locked at all times when an employee or security officer is not present at the gate?	___ Yes ___ No
Parking Control		
1.	Is there a parking structure or parking area? If it is a parking structure, describe.	___ Yes ___ No
2.	Is it a shared public and private parking structure or area? If yes, describe.	___ Yes ___ No
3.	Are signs posted to make the public aware of towing policies, and the planned removal of unauthorized vehicles? If yes, describe.	___ Yes ___ No
4.	Who operates the parking facilities? If contractor, identify.	___ Building Owner/Manager ___ Contractor
5.	Are entrances and exits limited in number as practicable and ALWAYS attended when open? If no, describe.	___ Yes ___ No
6.	Where are employee-parking areas located?	
7.	Are all parking structure exterior doors securely locked in compliance with local building and fire life safety codes? If no, describe.	___ Yes ___ No
8.	Where are visitor-parking areas located?	
9.	Are the parking areas located at a distance sufficient to reduce damage in the event of a car bombing?	___ Yes ___ No
10.	Is there public parking and/or metered parking directly adjacent to the building? If yes, describe.	___ Yes ___ No
Building Security and Access Control		
1.	How is employee access to the building controlled?	
2.	How is visitor access to the building	

	controlled?	
3.	Is an employee photographic identification system used? If yes, describe.	___ Yes ___ No
4.	Is a visitor identification system used? If yes, describe.	___ Yes ___ No
5.	Are employees and visitors required to display an identification badge at all times while on the property? If yes, describe.	___ Yes ___ No
6.	Are there any exceptions to the employee and visitor identification requirements? If yes, describe.	___ Yes ___ No
7.	How are employee identification cards issued and controlled?	
8.	Is a daily visitor register maintained?	___ Yes ___ No
9.	How are visitor identification cards issued and controlled?	
10.	Are periodic inventories of employee and visitor identifications cards conducted? If yes, describe.	___ Yes ___ No
Fire Safety		
1.	Are fire extinguishers placed at highly visible strategic locations within the facility? If yes, describe.	___ Yes ___ No
2.	Are the fire extinguishers of the appropriate class for the hazard exposure? If no, describe.	___ Yes ___ No
3.	Have employees been trained in the proper use of fire extinguishers? If yes, describe.	___ Yes ___ No
4.	Who and how frequently are fire extinguishers inspected for proper operation?	
5.	Are written fire prevention and evacuation plans available to all employees? If yes, describe.	___ Yes ___ No
6.	Are fire evacuation routes clearly marked so that they are visible during periods of limited visibility?	___ Yes ___ No
7.	Are fire exit signs visible on all floors and within each fire stairwell?	___ Yes ___ No
8.	What type of emergency lighting has been installed on each floor and in each stairwell?	
9.	How frequently, and by whom, is the emergency lighting inspected for proper operation?	
10.	Are employees provided with fire prevention and evacuation training upon initial employment and at least annually thereafter? If yes, describe.	___ Yes ___ No
Physical Asset Protection		
1.	Is company property outside of a	___ Yes ___ No

	building stored within an enclosed area? If yes, describe.	
2.	Is there a physical asset inventory system? If yes, describe.	___ Yes ___ No
3.	Are all high value serial numbered items recorded in the master inventory system? If yes, describe.	___ Yes ___ No
4.	Are high value serial numbered items assigned against receipt to a specific individual? If yes, describe.	___ Yes ___ No
5.	Are responsible parties required to conduct a periodic inventory of high value serial numbered items? If yes, describe.	___ Yes ___ No
6.	If a high value serial numbered item is lost or damaged by other than normal wear and tear, is an inquiry conducted to establish culpability? If yes, describe.	___ Yes ___ No
7.	Is civil recovery action taken to recoup the loss of high value property lost or damaged by gross negligence or misconduct? If yes, describe.	___ Yes ___ No
8.	Are thefts of property, including currency, reported to the appropriate law enforcement agency for possible prosecution? If yes, describe.	___ Yes ___ No
9.	How is the transfer of high value serial numbered property between individuals or department documented?	
10.	What is the policy for allowing employees to remove company assets from the property?	
Personal Safety and Security Awareness		
1.	Is a security orientation given to ALL new employees, including temporary employees, within two business days of beginning employment? If no, describe.	___ Yes ___ No
2.	Is ongoing security education provided for employees, particularly regarding any changes in the security program and any criminal incidents or security problems of which they should be aware? If yes, describe procedures.	___ Yes ___ No
3.	Are company security rules posted or distributed to all employees? If yes, describe procedure.	___ Yes ___ No
4.	Is the mailroom staff properly trained in security procedures?	___ Yes ___ No
5.	Do new tenants receive security education from the building staff? If yes, describe procedures.	___ Yes ___ No
6.	What security training, other than that received by all employees, do building management, engineering, janitorial, and parking staff receive?	

7.	Are building tenants kept informed of changes in the security program and of criminal incidents or security problems of which they should be aware? If yes, describe procedures.	___ Yes ___ No
8.	Is there a viable workplace violence program in effect? If yes, describe components.	___ Yes ___ No
9.	Have ALL staff members been trained in hazardous situation avoidance, including defensive driving, when working off-site? If yes, describe program.	___ Yes ___ No
10.	When working away from the facility, is there an itinerary available with contact information? If yes, describe.	___ Yes ___ No

Get A Security Quote Sample Checklist