**Business Crime Prevention (Commercial Security) Survey Report**

**CHECKLIST**

**PREPARED FOR:**

**Store Name:**

**Type of Business:**

**Address:**

**City, State, ZIP:**

**Telephone Number:**

**Owner (Full Name):**

**Manager (Full Name):**

**Prepared by (Officers Full Name & Badge #):**

**Officers Agency (Complete Physical Mailing Address)**

**Section One**

**A. Introduction (Date, time (Start – finish), RO, basic who what, where, when, why and how):**

**Section Two**

**A. Identification of Site (Describe location complete physical address. Use Google or Map Quest excerpts and/or digital photographs in addition to written required description):**

**B. External Environment; (Describe external location; list name of store again, physical address; what streets intersect or border location; how do these street flow (traffic flow); describe any adjacent businesses or locations, there store names, type of business and their proximity location to surveyed business; use of adjacent property without structures such as parking lots, grass fields, parks, etc; describe any external attachments to surveyed business such as patio, storage buildings, etc.):**

**B. External Environment (Continued):**

**Traffic Observations what is volume of traffic (approximately how many cars per day)**

**Law Enforcement (who provides law enforcement response for this business; what is the response time for an alarm for this location; do law enforcement officers stop by, if so frequency; does responsible law enforcement agency have blueprints for business on file (why or why not); when was the last business crime prevention (commercial security) survey conducted, note date if known and does owner have copy of the results – note you should only review this after you have completed your own unbiased evaluation, if there are repeated discrepancies these should be noted in your report as well):**

**Operating Hours of the store are as follows (what days of the week and what are the hours for each day the business is open to the public for business)**:

**Business History and Crime Status (How long has business been operating; was there a prior associated business at this location; Can the owner provide you with any prior crimes committed on his/her property type of crime and date committed; check with local law enforcement and determine local (by zip code) crime stats; normally this can be obtained off the internet by going to agencies website):**

**Crime Stats (you can download or insert crime stats or graphs here. This is optional as you have covered crime stats in preceding paragraph):**

**Dimensions of Property and Buildings (Size of lot, size of building and/or any other attached structures or buildings):**

**Section Three**

**A. Exterior Lighting (Describe quality of illumination, type of light devices used and their locations): OBSERVATIONS: (What do you see, is it adequate, inadequate, what are lighting effects):**

**RECOMMENDATIONS:**

**Minimum:**

1. .
2. .

**Maximum:**

1. .

**B.** **Natural Barriers Fences, Shrubs, Bushes, Trees OBSERVATIONS (What do you see and where; fences, height how installed; type of fence wood, chain, iron, etc., height of trees, bushes/shrubs and do they offer any concealment for a would be intruder):**

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**.

**C. Perimeter Alarms (Exterior): OBSERVATIONS (What do you see, note any alarm bells, sirens or other enunciator type; motion detector alarms or flashing lights):**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**Section Four**

**A. Door’s:**

**Locations: OBSERVATIONS:**

1. .
2. .

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

**Style (Type): OBSERVATIONS:**

1. .
2. .
3. .

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

**Hinges (Type and how mounted): OBSERVATIONS:**

1. .
2. .
3. .

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

 **Frame: OBSERVATIONS:**

1. .
2. .
3. .

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

**Viewer:** **OBSERVATIONS:**

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

**Locks (Which door, type of lock): OBSERVATIONS:**

1. .
2. .
3. .

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

**Alarm Sensors (Type of device): OBSERVATIONS:**

**Access (Describe access/egress to building – how do customers enter and exit):**

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

1. **Windows OBSERVATIONS (Location, type, classification, visibility, etc.):**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

1. **Walls OBSERVATIONS (Type brick, board, wooden or steel studs, plaster board, wood, etc.):**

**RECOMMENDATIONS**:

**Minimum:**

**Maximum:**

**D. Roof OBSERVATIONS (Type of material, wood covered by shingles, tin, aluminum, etc., note any and all skylights, vents, etc in which someone could access the interior form the roof, any fire escape ladders or towers):**.

**RECOMMENDATION:**

**Minimum**:

**Maximum:**

**E. Floor OBSERVATIONS (Type of foundation, concrete, etc., covered by wood or tiles explain are there any opening in the foundation that come in from street or exterior of building that could provide access):**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**Section Five**

**Interior Controls**

**A. Doors and Locks OBSERVATIONS (Style and types of interior doors, solid, wood, aluminum, steel, etc.; door frame is it solid, type of frame, size screws used; hinges type used and how secured; type of locking device on each door; is there a panic bar or other sensor used on the door; what is the doors access/egress use):**

**RECOMMENDATIONS:**

**Minimum**:

**Maximum**:

**B. Interior Walls** **OBSERVATIONS (How are they constructed, wood, paneling, gypsum or plaster board or combination; how attached to wall nail or screws; do you detect any vulnerability in way wall is constructed):**

**RECOMMENDATIONS**:

**Minimum:**

**Maximum:**

**C. Alarm Systems and CCTV OBSERVATION (What type of alarm system is it, make, model, manufacturer; who maintains it (maintenance) and how often is it serviced (checked), date of last service; total number of sensors and types; who monitors alarm system (Name of Company); are there any CCTV camera, type, model and manufacturer, how and where are they installed; what is the angle of coverage; how are they recorded type of recording device, it is monitored internally or externally or combination); are they accessible from floor):**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**D. Safes OBSERVATION (Type, make, model, manufacturer and UL rating; is safe fixed or moveable; location; type lock combination, handle, or combination; does safe have time delay lock; for what purpose is safe used):**

**RECOMMENDATION:**

**Minimum:**

**Maximum**:

**E. Key Control OBSERVATIONS (How many access keys are there; type of key master or keyed for single (specific) lock, explain purpose for each type key – what does it access; where are additional access keys kept; does owner have a locked key box; who has access to keys; does owner have a written key control policy, are employees required to read and acknowledge policy; are employees required to sign for keys; what is policy for terminated employee and is it enforced):**

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

**F. Retail Security**

**Interior Lighting OBSERVATIONS (What types of lighting are used for interior make, model and manufacturer; is the interior lighting designed to give maximum illumination (why or why not); is the checkout (cash register area) well illuminated; can you clearly see inside during night hours; is there emergency lighting and has it been tested, note date of last test):**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**Checks and Credit Cards; OBSERVATIONS; (How are checks and credit cards handled – business policy; is there a written check and credit card policy; is there a minimum amount of cash allowed for receiving cash back above purchase on personal checks; what form of ID is used by employees for check cashing; have employees received any training on fraudulent identifications and checks; do employees know what to look for on a check to verify its authenticity; do employees call credit card company to see if card has been reported lost or stolen; does owner have an overdraft – returned check fee (if so what is it); are fraudulent check and credit card abuse reported and if so to whom):**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**Robbery Awareness OBSERVATIONS (What is the cash handling procedures for this business, where is cash kept; what is the maximum amount kept in cash register, do employees have access to a drop box to keep minimum amounts of cash in register; do employees have access to change funds if so how much and how is this dispensed; does resister and/or employee or both have a panic alarm, is it silent or audible or both; how are bank deposits made, in what type of container is money transported (money bag, pouch or paper bag, etc., how many people go together to do bank deposits, do they differentiate their routes to avoid establishing a pattern; have employees received any robbery awareness training, if so when, where and by whom; do they know what to do; what is the written business policy for handling robberies; has business experienced any robberies, if so when; is there adequate lighting for employee parking upon closing):**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**Shoplifting Awareness OBSERVATION (Are there any documented incidents of shoplifting, if so how many, was criminal perpetrator prosecuted (if not why); how is merchandise displayed, it is out and accessible or does customer have to ask employee to open security container, do displays block visibility of employees; are preferable items secured if so how are merchandise security alarms used; does business employ use of CCTV cameras, wall mirrors or any other type monitoring devices; does business use off-duty law enforcement and/or uniformed security officers/guards (if so from what agency or company); does business use plain clothes store detective and/or employees detailed to pose as customers; do employees know what to look for, suspicious mannerism, mode of dress, etc, have they received any shoplifting awareness training, if so by whom and when; and note any blatant vulnerabilities)**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**Internal Theft (Does store maintain a written policy on employee theft, is it posted in employee break room, what happens to employee caught stealing, are they turned over to local law enforcement and a report filed (if no why not); are perpetrators prosecuted (if no why not); what is the hiring procedure, are any background checks required (if so who does them); where are employees allowed to park, are they close to non-monitored rear access door; are disgruntled employees monitored, if so how)**

**RECOMMENDATION:**

**Minimum:**

**Maximum:**

**Delivery & Inventory Controls OBSERVATION (When time of day and how (through front door, shipping & receiving dock, back door are products or merchandise delivered by vendors; does anyone check merchandise received against shipping manifest and/or order; what type of software is used to manage inventories, shipping and receiving and who has access to this system; does business have a security cage and/or locked store room for pilferable items; has business sent a non gratuity letter to vendor; does business use bid system; are announced and/or unannounced inventories conducted, if so with what frequency; what other checks and balances systems are employed if so identify them):**

**RECOMMENDATIONS:**

**Minimum:**

**Maximum:**

**Technology OBSERVATIONS (What types of business technology are used, computers, etc., how are they secured; are makes, models, serial numbers recorded in separate location, are they protected from hacking/internet theft; where are sensitive computer files maintained and are these files protected in a fire proof UL certified container; are off-site lap tops/notebook computers used to monitor business):**

**RECOMMENDATION**:

**Minimum:**

**Maximum:**

**Section Six**

**Conclusion:**

**A. Overall Building Security Findings (Summary):**

**B. Additional Observations, Findings and Recommendations (Specific items of interest or potential risk not covered in main body of this report):**

**C. LIABILITY DISCLAIMER: The implementation of all or any portion of the**

**Recommendations in this Security Assessment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the site as listed on the cover of the report) are NO guarantee or assurance that crime will go down, nor will they make the property crime-proof. The recommendations should, however, reduce the *probability* of crime if the strategies and recommendations are properly applied and consistently maintained.**

Police Department Supervisor Review: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Initials) (Date)**

**CF:**

1-Owner

1-Department File

***“Work with your local law enforcement – together we can make a difference”***