

Workplace Security Checklist

Facility: _____

Address/Work Location: _____

Assessment Done By: _____

Date of Assessment: _____

Security Control Plan

Has a Security Control Plan been developed?

Yes ____ No ____

If yes, is it in writing?

Yes ____ No ____

If yes, does it include:

A. A Policy Statement

Yes ____ No ____

B. Evaluation of work areas

Yes ____ No ____

C. Identification of control methods considered:

1. Engineering Controls

Yes ____ No ____

2. Work Practice Controls

Yes ____ No ____

D. Training

Yes ____ No ____

E. Evacuation and Floor Plan

Yes ____ No ____

Is the Security Control Plan accessible to all employees?

Yes ____ No ____

Is the Security Control Plan reviewed and updated when a task has been added or changed and at least annually?

Yes ____ No ____

Have you coordinated your Security Control Plan with the local law enforcement agency?

Yes ____ No ____

A. Policy Statement

Is the policy statement clearly written and does it support zero tolerance?

Yes ____ No ____

B. Work Area Evaluation

Are all areas being evaluated?

Yes ____ No ____

Comments:

C. Control Measures

1. Engineering Controls

If appropriate, have the following engineering controls been implemented:

A. Door Control(s)

Yes ____ No ____

B. Panic buttons

Yes ____ No ____

C. Door detectors

Yes ____ No ____

E. Closed circuit

Yes ____ No ____

F. Stationary metal detector

Yes ____ No ____

G. Sound detection

Yes ____ No ____

H. Intrusion panel

Yes ____ No ____

I. Monitors

Yes ____ No ____

J. Video tape recorder

Yes ____ No ____

K. Switcher

Yes ____ No ____

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L. Hand held metal detector Yes ____ No ____
M. Other _____

Have structural modifications been implemented? (e.g. Plexiglass, partitions, etc.)
Yes ____ No ____

If yes, comment

2. Work Practice Controls:

If appropriate, have the following work practice controls been implemented:

A. Desk clear of objects Yes ____ No ____
B. Unobstructed office exits Yes ____ No ____
C. Bare cubicles available Yes ____ No ____
D. Reception area available Yes ____ No ____
E. Visitor/client sign in/out Yes ____ No ____
F. Visitor(s)/client(s) escorted Yes ____ No ____
G. Counter top to separate clients from work area Yes ____ No ____
H. One entrance used Yes ____ No ____
I. Separate interview area(s) Yes ____ No ____
J. I. D. badges used Yes ____ No ____
K. Emergency phone numbers posted Yes ____ No ____
L. Internal phone system Yes ____ No ____
M. If yes, indicate:
 a. Does it use 120 VAC building lines Yes ____ No ____
 b. Does it use phone lines Yes ____ No ____
N. Internal procedures for conflict (problem) situations Yes ____ No ____
O. Parking lot well lighted Yes ____ No ____
P. Other

Are Security Guards used at this facility? Yes ____ No ____

If yes, how many _____

A. At entrance(s) Yes ____ No ____

B. Building patrol Yes ____ No ____

C. Are they from a contracted security agency? Yes ____ No ____

If no, has consideration been given to the
local law enforcement response capability? Yes ____ No ____

Comments: _____

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D. Training

Has training been conducted? Yes ____ No ____

If yes, is it provided?

1. Prior to initial assignment Yes ____ No ____

2. Annually thereafter Yes ____ No ____

Does training include:

A. Components of security control plan Yes ____ No ____

B. Engineering controls instituted at the workplace Yes ____ No ____

C. Work practice controls instituted at the workplace Yes ____ No ____

D. Techniques to use in potentially volatile situations Yes ____ No ____

E. How to anticipate/read behavior Yes ____ No ____

F. Procedures to follow after an incident Yes ____ No ____

G. Periodic refresher for on site procedures Yes ____ No ____

H. Recognizing abuse/paraphernalia Yes ____ No ____

I. Opportunity for Q&A with instructor Yes ____ No ____

Are training records kept? Yes ____ No ____

E. Floor Plan, Evacuation Plan

Are evacuation plans current? Yes ____ No ____

Are floor plans posted showing exits, entrances,
location of security equipment, etc? Yes ____ No ____

F. Conclusions:

Do employees feel safe? Yes ____ No ____

Comments:

Comments and Recommendations based on this evaluation:
