



CCTV SECURITY ASSESSMENT

What type of facility are you?

1. How long ago (years) was the last Risk Assessment done?

Was the Risk Assessment performed outside of your organization?

YES

NO

2. How long ago (years) was the last Security survey completed?

Did a paid consultant perform the Security survey?

YES

NO

3. How many crimes were reported on your facility last year?

a. How many for the prior year?

b. How many for the year before (a) above?

c. Is your facility completely fenced?

YES

NO

d. Are your facilities adequately lit?

4. Are corrective measures taken to reduce exposure to answers in Question 3?

YES

NO

5. Who is in charge of security?

6. Does your facility use CCTV?

a. Is your CCTV monitored 24-hours per day?

YES

NO

b. Were camera locations determined from the Risk Assessment?

YES

NO

c. How long is your video storage ?

7. Does your facility use electronic access control?

YES

NO

a. Is the access program linked to the CCTV?

YES

NO

8. Does your firm require all employees to wear some form of picture ID?

YES

NO

a. Is the picture ID used in connection with any type of access control?

YES

NO

Using a scale of 1-10 (A score of 10 being the best)

9. Are employee badges accounted for when lost, after termination, or when issued to visitors and vendors?

10. When was your facility last re-keyed?

11. How many Grand master keys exist?

12. How many Sub-master keys exist?

13. How many master keys are unaccounted for?

14. How many master keys have been lost?

17. Title of person(s) who accounts for keys when a termination occurs?

18. Title of person(s) who issues keys?

19. Do you have a policy against employee theft?

YES

NO

21. Does your facility have an ongoing Security Education Program?

YES

NO

24. Are visitors required to have an escort at all times?

YES

NO

25. Does your facility have a written Emergency Contingency and Recovery Plan in place?

YES

NO

For the results of your survey please provide the following information:

Name of Company

Your Name (optional):

Phone Number (optional):

Email Address:

(Required -To return results)

Would you like an ESP, Inc. representative to call on you?

YES

NO

Would you like more information on protecting your property?

YES

NO