

SECURITY CRIME VULNERABILITY INSPECTION REPORT

Inspector: _____ Title: _____ Date: _____

Area Surveyed: _____

Received by Committee: _____ Sent to Department: _____ Action Copy Returned: _____

Ratings: S = Satisfactory U = Unsatisfactory NA = Not Applicable ADM = Requires Administrative Action

	Rating	Corrected	# Items	Comments
EXTERIOR				
1. Landscaping/Shrubbery				
2. Lighting				
3. Alarms				
4. Gates/Fencing				
DOORS				
1. Main/Front				
2. Back				
3. Side				
4. Basement				
5. Screen/Grating				
WINDOWS				
1. Front				
2. Back				
3. Side				

4. Basement				
5. Screen/Grating				
LOCKS				
1. Lock MFG. Door Type				
2. Hasp				
3. Chain				
4. Combination				
5. Is department part of hospital key system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Do you have a master key that fits all doors in facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EQUIPMENT				
1. Identifiable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Registered CHP#? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Properly secured? <input type="checkbox"/> Yes <input type="checkbox"/> No				
UNIT SPECIFIC VULNERABILITIES				
Please list all unit specific vulnerabilities:				
SECURITY HABITS				
1. Are doors locked when not in use? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Were locks ever changed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. When? //				
4. Who has keys? <input type="checkbox"/> Yes <input type="checkbox"/> No				

5. Are windows locked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Is there an internal key control system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
INTERNAL ALARMS				
1. Are internal alarms used? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Type:				
3. Are file cabinets locked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Are closets locked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Are chemical and drug areas locked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Are miscellaneous supplies locked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Is there an inventory control system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Are lights turned off at night? <input type="checkbox"/> Yes <input type="checkbox"/> No				
FIRE SAFETY				
1. Equipment Status				
2. Availability				
3. Are employees trained in fire protection? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Are employees trained in safety techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SECURITY RISKS				

--	--	--	--	--