

# 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 \_\_\_

# Workplace Security Checklist

- 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: \_\_\_\_\_

---

---

---

# Workplace Security Checklist

## 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:

---

---

---

---

---

---