COMMERCIAL SECURITY

Needs Analysis

PRIMARY CONTACT: _____   ADDRESS: _____

PHONE: _____   CITY: _____

E-MAIL: _____   STATE: _____   ZIP: _____

BUSINESS PROFILE

BUSINESS NAME: _____   ☐ CORPORATE   ☐ SOLE PROPRIETOR

NUMBER OF LOCATIONS: _____   HOURS OF OPERATIONS: _____

ATTACH A LIST OF LOCATIONS AND CONTACT INFORMATION   YEARS IN BUSINESS: _____

NEW OR EXISTING PROPERTY: _____   NUMBER OF EMPLOYEES WHO USE THE SYSTEM: _____

LOCATION AND PROPERTY

Neighborhood: ☐ Good ☐ Average ☐ High crime   Location: ☐ Isolated ☐ Surrounded by businesses

Proximity to highway or major roads:

Have you experienced vandalism or abnormal occurrences: ☐ Yes ☐ No

Provide a brief explanation:

SECURITY PRIORITIES

On a scale of 1–10 (10 being the highest), indicate the level of risk:

_____ Burglary   _____ Vendor theft   _____ Fire

_____ Slip & fall liabilities   _____ Employee theft   _____ Limiting access in sensitive areas

_____ Internal theft   _____ Robbery   _____ Monitoring employee activities

_____ Other: _____

Comments:

DECISION MAKING PROCESS

What is the company's decision-making process for purchases:

Who is involved in making final decisions on purchases:

Does the company lease or purchase equipment:

Are you working from a budget: ☐ Yes ☐ No

Initial investment:

Monthly investment:

Comments:

ORGANIZATIONAL & OPERATIONAL ISSUES

How many employees do you have on staff:

Are the employees union: ☐ Yes ☐ No

Do you employ outside contract labor: ☐ Yes ☐ No   How many shifts:

☐ Offer 24 hour shifts   ☐ Open on Saturday   ☐ Open on Sunday

Do employees have access to the entire facility: ☐ Yes ☐ No

   If no, what areas are limited:

Does company experience high turnover of key employees: ☐ Yes ☐ No

   If yes, what department has the highest turnover:

Is the company self-insured: ☐ Yes ☐ No   What is your insurance deductible: $

SECURITY SYSTEM OVERVIEW

Current security provider:

Burglary:

Fire:

   Water sprinklers (wet/dry):

   Smoke/heat:

   Temperature:

   Fire pump (electric/fuel):

Access control:

CCTV:

LOSS HISTORY

How much loss have you had:

$ _____ Burglary $_____ Internal $ _____ Fire $_____ Liability lawsuits

If you could change three things regarding the deployment of your current provider, what would they be:

   1.

   2.

   3.

EMPLOYEE THEFT LOSS

THEFT LOSS

Has your company experienced theft related loss by an employee in the last 12 months: ☐ Yes ☐ No

   If yes, how many incidents:

Has there been theft of employee's personal belongings: ☐ Yes ☐ No

   If yes, please explain:

What measures are taken if employee is caught stealing:

Do employee thefts occur on a regular basis and in a predictable manner, or are they occasional and predictable:

What degree of theft are you experiencing of office equipment, information, or sensitive materials:

Could the theft of the company's assets been prevented: ☐ Yes ☐ No

If yes, how: If no, why not:

LOSS PREVENTION

Does your business have a loss prevention/security program: ☐ Yes ☐ No   Who manages the budget:

If yes, annual budget: $ If no, do you think your company would benefit from one: ☐ Yes ☐ No

Why or why not:

FACILITY MANAGEMENT

PROPERTY

What is the size of your building: sq. ft.   Number of stories:

Type of construction: ☐ Concrete ☐ Wood ☐ Glass ☐ Other:

Where do your fire exits lead:

Are there any: ☐ Skylights ☐ Roof ladders ☐ Roof hatches ☐ Plenum ☐ Air ducts

Are there any: ☐ Sprinkler risers ☐ OS&Y valves ☐ PIVs ☐ Other fire systems   Are they monitored: ☐ Yes ☐ No

How do your voice and data lines enter the building: ☐ Underground ☐ Overhead

Where do they terminate: ☐ Secured room ☐ Exposed wall

Can they be easily cut/tampered with: ☐ Yes ☐ No

Do you experience interruption in service: ☐ Yes ☐ No

Most likely burglar entries: ☐ Roof ☐ Windows ☐ Walls ☐ Doors ☐ Skylights ☐ Common walls

Are there other areas of your structure that you feel will be vulnerable to intrusion: ☐ Yes ☐ No

If yes, how:

Building lock/unlock process:

Business hours: After/Off hours:

Number of employees with keys:

Cost of lock changes/key replacements per change: $ Annually: $

Do you have limited/restricted areas: ☐ Yes ☐ No   If yes, which areas:

If no, do you have areas you would like to prevent the public or unauthorized employees from entering: ☐ Yes ☐ No
If yes, which areas:

Do you notice employees wandering during work hours: ☐ Yes ☐ No

Hours/week lost to wandering: Average hourly salary: $

Has your company experienced a liability claim: ☐ Yes ☐ No

Type of claim: ☐ Slip and fall ☐ Harassment ☐ Workers compensation ☐ Unfair dismissal ☐ Other:

Have these claims affected your insurance premium: ☐ Yes ☐ No

Approximately how much more per year are you paying: $

Have you had any work place violence incidents: ☐ Yes ☐ No   Are you concerned you might: ☐ Yes ☐ No

Have any threats been made against your employees: ☐ Yes ☐ No

If yes, have you experienced loss as a result: ☐ Yes ☐ No   If yes, losses in the last month: $

KEY AREAS

Where are the high risk slip and fall areas: ☐ Front entrances ☐ Aisles ☐ Delivery areas ☐ Service areas

☐ Parking lot ☐ Other:

Do outside areas need monitored for protection of employees: ☐ Yes ☐ No   Where:

What type of security do you have in your parking lots:

MAINTENANCE

Do you budget operational expenses for repairs of key equipment: ☐ Yes ☐ No

Do you use a cost per square foot model: ☐ Yes ☐ No

Do you accrue monies for unexpected repairs: ☐ Yes ☐ No

Is a standard fee in lieu of repair bills of value to you: ☐ Yes ☐ No

What do you spend monthly on water and coffee service: $

ACTIVITY TRACKING

Do you track the arrival and departure times of your employees: ☐ Yes ☐ No

Do you track the opening times of your facility: ☐ Yes ☐ No

How do you track time and attendance:

Do you see value in verifying that the security system has been set: ☐ Yes ☐ No

What time is it being set:

PARKING LOT/EXTERIOR

Is the parking area/structure controlled by: ☐ Gates ☐ Guard ☐ Access control

How is the entry/exit traffic currently controlled:

Do you offer underground parking: ☐ Yes ☐ No

Does your building have stairs or an elevator: ☐ Yes ☐ No   If yes, how many:

How is your facility locked/secured:

Has your company experienced vandalism to an employee vehicle: ☐ Yes ☐ No

Have employees been assaulted: ☐ Yes ☐ No

Is there a parking area communication system: ☐ Yes ☐ No

CONCLUSION

Of these topics, which poses the greatest risk to you operations, and why: