DEPARTMENT OF THE INTERIOR
PHYSICAL SECURITY SURVEY DATA

1.   Bureau:
2.   Location
3.   Building Name
4.   Building Number: Lease Number:
5.   Address
6.   Lessor's Address if applicable:
7.   Business Phone of Lessor:
8.   Dates of Survey
9.   Contacts:
–   Security Officer:
       Collateral Duty; Y__ N__ Phone_____
      Address:
–   Facility Manager
      Collateral Duty; Y__ N__ Phone_____
      Address:
–   Classified Document Custodian
       Collateral Duty; Y__ N__ Phone_____
      Address:
–   Other Contacts (Repeat as necessary.)
      Title:_____ Name:_____ In Person___ By Phone_____
      Agency/Bureau:
      Address:
–   Alarm Contacts (Repeat as necessary.)
      Title:_____ Name:_____ In Person___ By Phone_____
      Agency/Bureau:
      Address:
–   Police Department:
      Title:_____ Name:_____
      Agency:
      Address:
–   Will police department conduct crime prevention programs?   Y___ N___
–   Will the police department provide crime statistics?   Y___ N___
–   Is there a verbal/written agreement with local police?   Y___ N___
10.   Identify any Federal Law Enforcement Presence in the facility, as a tenant.
–   Agency:
      Title:_____ Name:_____ In Person___ By Phone_____
–   Will they respond to offenses/incidents?   Y___ N___
11.   Date of previous survey conducted:
12.   Title and name of surveyor:
13.   Were all recommendations implemented?   Y___ N___

14. Which recommendations were not implemented and why?
15. Primary Occupant:
16. Other Occupants:
17. Other Occupants:
18. Other Occupants:
19. Population:
20. Total Federal Occupants:
21. Total Civilian Occupants:
22. Normal Hours of Operation:
23. Visitor Traffic flow:
− High   More than 1/3 of building occupants receive visitors.
− Moderate   Less than 1/3 of building occupants receive visitors.
− Low   No visitor traffic.
24. Exterior Security Systems   (1 = Adequate; 2 = Inadequate; 3 = None.)
− Perimeter Fencing: ___
− Perimeter Wall: ___
− Access Control:
  Card Key System: ___
  CCTV System: ___
  Guard Force: ___
  Other:_____   ___
  Exterior Lighting: ___
  Exterior Ground Lighting: ___
  Perimeter Surveillance/Alarm: ___
  Employee Identification: ___
  Visitor Identification: ___
  Intrusion Detection Alarm System: ___
Does lighting illuminate all ground level points of entry/exit during hours of darkness?
                                                              Y__N__

What time of day (during darkness) was lighting checked?_____
25. Interior Security Systems   (1 = Adequate; 2 = Inadequate; 3 = None.)
− Duress Alarm: ___
− Perimeter Alarm System: ___
− Intrusion Alarm: ___
− Fire Alarm: ___
− Is there a safe, vault area or lockable cabinet for storage of valuable items?
                                                       Y___ N___
− Is the safe alarmed?   And has the alarm been tested?   Y___ N___
− Does the facility store money or high value items or equipment?   Y___ N___

26.   Guard Force (as applicable):
–   FPS: Y___N___
–   Civilian Contractor: Y___N___
–   Guard Service COTR:
–   Site Manager's Name:
–   Site Manager's Title:
–   Site Manager's Address:
–   Is there 24-hour guard service on site?   Y___N___
–   Are guards present during duty hours?   Y___N___
–   Are guards present during non-duty hours?   Y___N___
–   Are guard procedures posted?   Y___N___
–   Are guard post emergency notifications posted?   Y___N___
–   Is guard force armed?   Y___N___
–   Response to Offenses/Incidents
Do Federal Police Officers respond? Y___N___ What is the emergency response time?_____ Do contract guards respond? Y___N___ What is their emergency response time?____ Do local police respond? Y___N___ What is their emergency response time?____

27.   Access Controls:
–   Are adequate locking system on all exterior doors?   Y___N___
–   Are hinges on outside of exterior doors?   Y___N___
–   Is a guard plate required on exterior door?   Y___N___
–   Are exterior first floor windows lockable?   Y___N___
–   Does key control for perimeter doors comply with GSA regulations   Y___N___
–   Comment:

28.   Parking
–   Number of spaces - Assigned___
–   Number of spaces - Open Parking___

Type	Official	Visitor	Employee
On site			
Enclosed			
Open Lot			
Multiple Level			
Controlled Access			
Secured			
Lighted			
Within 3 Blocks			
Other_____			

29.　　Miscellaneous Building Information:
–　　　Date of construction:
–　　　Number of floors:
–　　　Square feet:
–　　　Building composition:
–　　　Identify significant modifications since last survey:
–　　　Is there an Occupant Emergency Plan?　　　　　　　　　Y___ N___
–　　　Are bomb threat procedures in place?　　　　　　　　　Y___ N___
–　　　Are building rules and regulations posted?　　　　　　　Y___ N___

30.　　Storage of Classified Documents:
–　　　Are any classified national security documents stored at this facility?　　Y___ N___
　　　　If Yes, Types of Documents:
　　　　SCI　　　　　　___
　　　　Top Secret　　 ___
　　　　Secret　　　　 ___
　　　　Confidential　 ___

If Yes to any of the above,
–　　　Are there other sensitive documents stored at the facility?　　Y___ N___
–　　　If Yes, Types of Documents:
　　　　Law Enforcement Sensitive　　___
　　　　Personnel Information　　　　 ___
　　　　Proprietary Information　　　　___

Signature of inspecting official:

_____　　_____　　_____
Title　　　　　　　　Name　　　　　　　　　　　　Date