

Workplace Security Checklist

Facility: _____

Inspector: _____

Date of Inspection: _____

- | | | | | |
|--|-------|-----|-------|----|
| 1. Security Control Plan: | _____ | Yes | _____ | No |
| If yes, does it contain: | | | | |
| (A) Policy Statement | _____ | Yes | _____ | No |
| (B) Review of Employee Incident Exposure | _____ | Yes | _____ | No |
| (C) Methods of Control | _____ | Yes | _____ | No |
| If yes, does it include: | | | | |
| Engineering | _____ | Yes | _____ | No |
| Work Practice | _____ | Yes | _____ | No |
| Training | _____ | Yes | _____ | No |
| Reporting Procedures | _____ | Yes | _____ | No |
| Recordkeeping | _____ | Yes | _____ | No |
| Counseling | _____ | Yes | _____ | No |
| (D) Evaluation of Incidents | _____ | Yes | _____ | No |
| (E) Floor Plan | _____ | Yes | _____ | No |
| (F) Protection of Assets | _____ | Yes | _____ | No |
| (G) Computer Security | _____ | Yes | _____ | No |
| (H) Plan Accessible to All Employees | _____ | Yes | _____ | No |
| (I) Plan Reviewed and Updated Annually | _____ | Yes | _____ | No |
| (J) Plan Reviewed and Updated When Tasks Added or Changed | _____ | Yes | _____ | No |
| | | | | |
| 2. Policy Statement by Employer | _____ | Yes | _____ | No |
| | | | | |
| 3. Work Areas Evaluated by Employer | _____ | Yes | _____ | No |
| If yes, how often? _____ | | | | |
| | | | | |
| 4. Engineering Controls | _____ | Yes | _____ | No |
| If yes, does it include: | | | | |
| (A) Mirrors to see around corners and in blind spots | _____ | Yes | _____ | No |
| (B) Landscaping to provide unobstructed view of the workplace | _____ | Yes | _____ | No |
| (C) "Fishbowl effect" to allow unobstructed view of the interior | _____ | Yes | _____ | No |
| (D) Limiting the posting of sale signs on windows | _____ | Yes | _____ | No |
| (E) Adequate lighting in and around the workplace | _____ | Yes | _____ | No |
| (F) Parking lot well lighted | _____ | Yes | _____ | No |
| (G) Door Control(s) | _____ | Yes | _____ | No |
| (H) Panic Button(s) | _____ | Yes | _____ | No |
| (I) Door Detector(s) | _____ | Yes | _____ | No |
| (J) Closed Circuit TV | _____ | Yes | _____ | No |
| (K) Stationary Metal Detector | _____ | Yes | _____ | No |