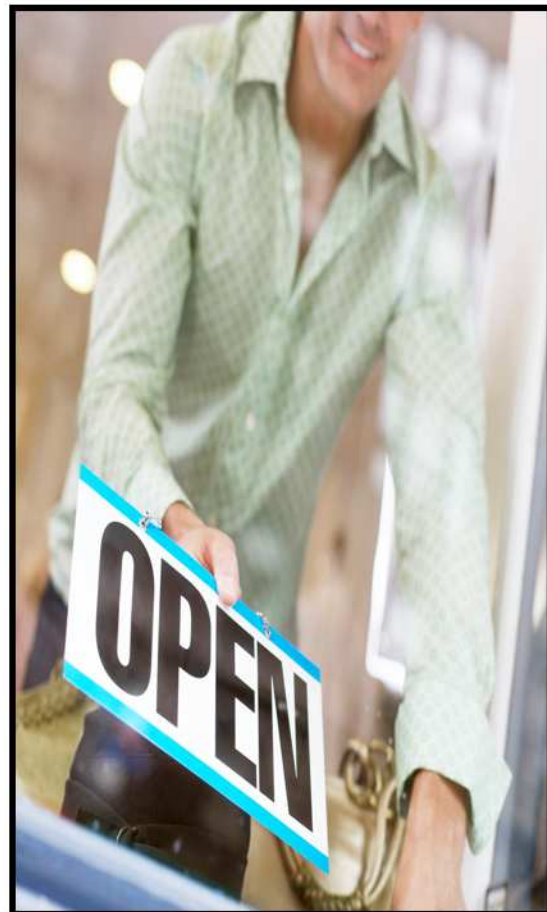




**Multi-Use Small Business,
Shop, or Bookstore Security
Planning Survey**

**Crime Prevention
Planning for basic
applications**





Please Visit Dr. Gonzo's Other Websites!



www.drgonzo.org

www.myspace.com/cryptocriminology

<http://drgonzossecuritystudies.homestead.com/>

<http://drgonzosbookstore.homestead.com/>

<http://drgsstudy.homestead.com/>

<http://www.authorsden.com/visit/author.asp?AuthorID=66144>

http://ezinearticles.com/?expert=Randy_Gonzalez



WWW.MYSPACE.COM/CRYPTOCRIMINOLOGY
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PHYSICAL SECURITY SURVEY
CHECKLIST FOR BOOKSTORES

By

Randy Gonzalez

This basic physical security survey checklist has been developed to assist the bookstore manager in conducting an on-site security analysis. The format has been designed in a basic & general format so that the individual manager may modify and otherwise adjust the survey to fit the needs of the particular setting.

[I] Identification of the Bookstore: General Information....

Name of Facility: _____
 Owner: _____ Manager: _____
 Address: _____
 Survey to be Conducted By: _____
 Date Survey to be Conducted: _____
 Date Survey Completed: _____
 Date of Last Survey: _____

[Note: A survey should be conducted at least once a year.]

[II] Implementation of Survey - Background Data:.....

A. Security Hazards present by nature of surrounding or nearby neighborhood(s): _____

B. Access to store by security/police units, and emergency personnel is unrestricted by roadways, etc.: _____

C. Surrounding building design, landscape, etc. do not hinder police surveillance: _____

D. Adequate levels of supervision are exercised at all times, and no history of previous personnel problems: _____

E. Explain any previous history of criminal activity & related security problems: _____

F. Analyze Security Problems with regard to any losses, or problems related to: (Indicate 'yes' or 'no', explain)

Theft: _____	Burglary: _____
Employees: _____	Shoplifting: _____
Robbery: _____	Inventory Losses: _____
Check Offenses: _____	Credit Cards: _____
Property Damage: _____	Vandalism: _____
Arson: _____	Bomb Threats: _____
Fraud: _____	Other: _____

[] Explanation: As necessary attach separate sheets to explain losses and problem areas for further analysis.

G. Estimate of Total Losses (Yearly) from above items:..
 \$ _____ Past Year \$ _____ Previous Year.....
 % _____ Difference/Comparison with previous years...

H. Assessment of General Operations: [Rate 'Good', 'Fair' 'Poor' for the following observations; Explain.]

1. Cash Handling: _____
2. Opening/Closing Procedures: _____
3. Merchandise Operations: _____
4. Inventory Control: _____
5. Other Unique Factors: _____

III. Bookstore Loss Potential Factors - Overview:.....

- A. Survey is a followup to a recent crime: yes no
- B. Bookstore is located in a high crime area: yes no
- C. Crime Prevention program has been conducted by police-management: yes no
- D. Bookstore has written policies regarding security, and security procedures: yes no
- E. Average Police Response - Time to Problems: _____
- F. Bookstore has person responsible for security, safety etc.: yes no
- G. Good prevention liaison with local police: yes no
- H. Access to bookstore at any time is well-controlled and supervised: yes no
- I. Efforts have been made to secure high risk areas such as: safes, cash registers, inventory, office areas, etc.: yes no
- J. Other factors: _____

.....
IV. Analysis of Exterior of Bookstore.....

- A. Barrier/Fencing Protection of Perimeter: _____
- B. Lighting Systems: _____
- C. Obstructions to Safe and Secure Visibility: _____
- D. Reduction of Climbing Aids or tools that may assist intruders: _____
- E. Any possible points of concealment for intruders and assailants: _____
- F. Security of the Exterior Doors and Openings: _____
- G. Security of the Exterior windows: _____
- H. Other possible points of entry: _____
- I. Protection of Exterior Utility Services: _____

J. Protection of Fire Extinguishing Equipment, Valves & related equipment: _____

- K. Security and Safety of - Parking Areas: _____
- L. Security of Trash collection as possible points for concealment of property, and intruders: _____
- M. Other Security Factors in consideration of the unique features of the setting: _____

.....
V. Analysis of Interior Area of the Bookstore.....

- A. Adequate Lighting at all times: _____
- B. Security of all interior-doors: _____
- C. Security of all interior-windows: _____
- D. Security of Ceiling areas and crawl spaces: _____
- E. Security of common wall areas and adjoining building construction: _____
- F. Employee break areas: _____
- G. Security of electrical & utility service areas and related equipment rooms: _____
- H. Security of Cash-Handling Operations: _____
- I. Security of office equipment: _____
- J. Security of cash-register areas and counters: _____
- K. Security of any removable panels and gratings: _____
- L. Security of Storage areas and inventory supply rooms: _____
- M. Proper access controls to all inner areas: _____
- N. Visual observation of the book shelf displays and sales floor: _____

O. Adequate Key Control, and security of all keys: _____

P. Property Inventory and audits: _____

Q. Frequency of lock, key & combination changes: _____

R. Control of access for the customers, vendors, repairmen etc.: _____

S. Check and credit card related security and procedures _____

T. Other factors unique to the operations: _____

.....
VI. Security Systems & Anti-Theft Devices.....

A. Reliability of existing - systems/devices: _____

B. Type of Systems that are in use: _____

C. Regular testing- Maintenance for systems: _____

D. Employee education in the proper use: _____

E. Frequency of false alarms _____

F. No system(s) in use: _____

G. Need for system(s): _____

H. Regular change in access-codes, procedures, etc.: _____

I. Other factors: _____

J. Application of Security & proper procedures for:

Perimeter: _____

High-Risk Areas and Collect - ions: _____

Office Areas: _____

Parking Lots: _____

Floor and Display Areas: _____

Cash Register/Check out areas _____

Entrances/Exits: _____

Safes: _____

Money Handling areas: _____

Emergency Plans: _____

VII. Employee Education, and Training in Safety/Security..

A. Regular Programs: _____

B. Vigilance/Surveillance of Operations: _____

C. Emergency Response: _____

D. Posters, Signs, Brochure Materials, etc.: _____

E. Other Aspects: _____

.....

VIII. Summary Review and Related Considerations.....

A. General Environment and Operations Conducive to Security: _____

B. Perimeter Security: _____

C. Landscape Security: _____

D. Security Lighting: _____

E. Office Security: _____

F. Lock and Key Control: _____

G. Access Controls: _____

H. Alarm Systems: _____

I. Emergency Plan: _____

J. Internal Accountability- Controls: records, inventory, shipping, receiving, etc.: _____

K. Cash-Handling: Deposits, Cash Count, etc.: _____

L. Major Crime Threats: Employee Theft, Robbery, Burglary, Shoplifting, Vandalism, Checks, Credit Cards, etc.: _____

M. Overall Assessment: _____

N. Diagram of Floor Plan & Possible Security Weaknesses: [Diagram or Blueprints, plus, any photos, attached for any additional explanation.] _____

-PHYSICAL SECURITY SURVEY-

Date Requested: _____ By: _____
Date Conducted: _____ By: _____
Location Name: _____
Address: _____
City/State: _____
Sector: _____ Grid: _____
Building Type: _____
Survey Purpose/Scope: _____
Authority for Survey: _____

Part I: Background Factors:

- A. Survey is a followup to an existing, or potential crime problem:
 YES No
- B. Local Setting/Neighborhood has a history of criminal activity:
 Yes No
- C. Local Setting/Neighborhood would be considered a high-risk environment:
 Yes No
- D. Previous Crime Prevention Programs & other services: Security Survey
 Yes No Neighborhood Watch
 Operation I.D. Other: _____
- E. Total Number of Crimes Reported from this location within past year: _____
- F. Total Number of Crimes Reported from this location within past year for the following crimes:
Sexual Battery: _____
Robbery: _____
Burglary: _____
Theft: _____
Assaults: _____
Vandalism: _____
Fraud: _____
Other (Explain): _____

Estimated Dollar Loss (1-year): _____
- H. Police Report Number(s) for further reference: _____
- I. Pervious history of labor, personnel problems: Yes No
- J. Any written policies/procedures concerning security-crime prevention at this location: Yes No

- K. Importance of building/facility for surrounding neighborhood: Hospital
 Health Service Computer Center
 Water Supply Electrical Plant
 Research/Lab Financial Center
 Retail Store Records Storage
 Food Service Recreation Area
Other: _____

L. Location of building/facility in relation to visibility and terrain: _____

M. Police Response Time: _____
Fire Dept. Response Time: _____
Medical Service Responst Time: _____

N. In-House Security Personnel at this location: Yes No Type: _____

Part II: Analysis of Exterior Areas:

- A. Overall assessment of freedom of access to building: _____
- B. Identification of important high risk areas with facility: Cash Handling
 Office Property Records/Files
 Equipment Storage Safes--Vaults
 Chemical Storage Medical Supply
 Pharmacy Other: _____

- C. Barriers & Fencing: _____
- D. Lighting: _____
Measurements Taken: Yes No
Results: _____
Meets Minimum Lighting Standards:
 Yes No
- E. Obstructions to visibility of entrances, exits, loading/shipping areas or rear doors, observations from street line, etc.: _____

- F. Climbing aids or tools that may be of assistance to intruders: _____
- H. Noise generating equipment that could cover the sounds of intrusion: _____

Part IV: Analysis of Security Devices & Related Protective Equipment:

- A. Examination of existing alarm system: (Type/Design): _____

- B. Recommendations for any changes with regard to existing alarm system: _____

- C. Regular Testing and Maintenance for existing alarm system: _____
- D. Employee Education in proper use of existing alarm system: _____
- E. Security of Alarm keys, code-words & bypass codes: _____
- F. Frequency in changing keys, code-word or bypass codes for alarm system: _____
- G. Estimated False Alarm Rate: (per yr.) _____
- H. If No System Present, Type of System Needed/Recommended: _____

- I. Other Unique Factors Related to the Security Alarm System: _____

- J. Security Alarm System Applications:
 - ___ Perimeter Protection-Building
 - ___ High Risk Areas
 - ___ Customer Service Areas
 - ___ Check-out counters
 - ___ Teller Counters
 - ___ Emergency Response
 - ___ Cash Count Rooms
 - ___ Safes/Vaults
 - ___ Computer Areas
 - ___ Pharmacy
 - ___ Parking Areas
 - ___ Shipping/Receiving
 - Other: _____

Part V: Employee Education & Training:

- A. Existing Personal Safety & Security Education Training for Employees: _____

- B. Topics Covered: _____
- C. Posters, Signs and Brochures Used: _____

- D. Security and Safety for Employees at Night: _____

- E. Other Factors: _____

Part VI: Summary Considerations & Specific Security Problem Areas:

- A. Summary of specific major problem or risk related areas: _____

- B. Target Specific:
 - Perimeter: _____
Exterior Landscape: _____
Building Design: _____
Lighting: _____
Locks/Key Control: _____
Employee/Visitor Control: _____
Building Security Personnel: _____
Alarm Systems & Protective Devices: _____
Surveillance Systems: _____
Emergency Planning: _____
Opening/Closing: _____

Internal Procedural Controls: _____

Cash Deposits/Pick-up: _____

Robbery Potential: _____

Burglary Potential: _____

Shoplifting Potential: _____

Vandalism: _____

Check Cashing/Credit Card Fraud: _____

Internal Theft Potential: _____

Computer Services & Operations: _____

Computer Equipment, Files, Library: _____

Computer Center Power Supply, etc.: _____

Medical Supplies, Pharmacy, Files: _____

Other Factors & Comments: _____

Summary Assessment of Building Loss-Potential: _____

Overall Recommendations: _____

- () This Physical Security Survey Form concludes the services provided to this facility.
- () A followup Final Report of Findings and Recommendations will accompany this Physical Security Survey Form.
- () This Physical Security Survey - required on-site time of approximately: _____ Hours (Not including preparation, research, and Final Report time).
- () Total Time required for the project (including preparation, writing, research, and Final Report) approximately: _____ Hours.
- () A Diagram of the building and related areas is attached to: _____
 This Physical Security Survey.

 Final Report of Findings.

The Site Evaluation Form is a preliminary assessment designed to evaluate and determine the existence of security deficiencies prior to the development of a full-scale physical security survey. It may serve as the basis for surveys.

SAMPLE FORMAT FOR SECURITY PLANNING

CONFIDENTIAL

SITE EVALUATION FORM

**THIS INFORMATION WILL BE KEPT STRICTLY
CONFIDENTIAL**

Purpose & Intent: The _____ Police Department intends to offer quality professional police services, to assist students, staff and faculty in the process of crime prevention. This Site Evaluation Form is designed to aid in the identification of security problems in a target building, and determine the need for a full-scale comprehensive physical security survey. It is part of a periodic inspection of campus buildings, to ensure a high level of safety and security for all personnel and property. It is intended to assist the accountable officer in the ongoing process of review, evaluation and analysis of safety and security issues, to reduce personal vulnerability, as well as liability for the _____.

Rating Criteria: Rating Criteria has been developed to assess risk levels, and evaluate crime potential. It is based on a point scale, from 0 to 3, as indicated by the following: EXCELLENT-3, GOOD-2, FAIR-1, POOR-0, NA = 0 or, NOT APPLICABLE. Points are assigned based on the surveyor's opinions, background data, knowledge and experience, and related special circumstances regarding the target site.

Identification Data:

Building Name: _____

Building Address: _____

Accountable Officer: _____ Phone: _____

Date of Site Evaluation: _____ Time: _____

Previous Site Evaluation Conducted? () Yes () No Date: _____

Previous Physical Security Survey? () Yes () No Date: _____

Building Functions & General Description of Operations, Nature of Use: _____

Previous History of Criminal Activity or Suspicious Incidents Requiring the Involvement of Police? () Yes () No Explain: _____

Related Police Case Numbers: _____

(Note: Points are assigned as an overall rating for each section at the end of the section under discussion.)

SECURITY PROFILE

THREAT SCENARIO:..... Vandalism Theft Burglary Robbery Vehicle Theft
 Assault Arson Other: _____
 TRESPASS THREAT..... Suspicious Persons..... Suspicious Vehicles
 Suspicious Incidents..... Other: _____
 INTRUDER SOPHISTICATION... Adult Juvenile..... Casual Experienced
 Other: _____
 OPENING-CLOSING..... Times Secured: _____
 Times of Operation: 24-hour 16-hour 8-hour
 RATING:..(Points=___)..... High Risk Medium Risk Low Risk: Rating _____

PHYSICAL DIMENSIONS

AREAS REQUIRING SECURITY

PROTECTION..... Exterior Barriers & Controls - Rating: _____ Points _____
 PERIMETER Exterior Lighting & Controls - Rating: _____ Points _____
 Obstructions to Visibility - Rating: _____ Points _____
 External Climbing Aids - Rating: _____ Points _____
 Opportunity for Surveillance - Rating: _____ Points _____
 Parking Areas - Rating: _____ Points _____
 FREEDOM OF ACCESS..... Ease of Movement in Areas - Rating: _____ Points _____
 Terrain and Landscape - Rating: _____ Points _____
 Points of Concealment - Rating: _____ Points _____
 PHYSICAL SECURITY..... Locking Devices - Rating: _____ Points _____
 Doors and Entrances - Rating: _____ Points _____
 Hinge Pins - Hinge Plates - Rating: _____ Points _____
 Keys and Key Controls - Rating: _____ Points _____
 Glazing - Shatterproof Usage - Rating: _____ Points _____
 Grillwork - Wire Mesh - Bars - Rating: _____ Points _____
 Windows - Other Openings - Rating: _____ Points _____
 Roof Areas - Skylites - Rating: _____ Points _____
 Walkway, Sidewalks, etc. - Rating: _____ Points _____
 OTHER ASPECTS UNIQUE
 TO FACILITY..... Special Areas & Equipment - Rating: _____ Points _____
 Overall General Rating: _____ Total Points..... _____

ENVIRONMENTAL

GENERAL SETTING..... Surrounding Neighborhood - Rating: _____ Points _____
 Potential for Disturbances - Rating: _____ Points _____
 INTERNAL SETTING..... Lighting Conditions - Rating: _____ Points _____
 Locking Devices & Hardware - Rating: _____ Points _____
 Doors, Windows, etc. - Rating: _____ Points _____
 Ceiling/Wall Construction - Rating: _____ Points _____
 Vending Machines - Rating: _____ Points _____
 Cash-Handling Operations - Rating: _____ Points _____
 Alarm System - Use/Operation - Rating: _____ Points _____
 Property Control & I.D. - Rating: _____ Points _____
 Power Supplies-Utilities - Rating: _____ Points _____
 Safes & Vaults - Rating: _____ Points _____
 Personnel Vigilance - Rating: _____ Points _____
 Frequency - Unsecured Doors - Rating: _____ Points _____
 Overall General Rating: _____ Total Points..... _____

SYSTEMS DESIGN

- POLICIES.....()Policies,Procedures, Safeguards - Rating: _____ Points _____
()Safe Practices - Alertness - Rating: _____ Points _____
- PHYSICAL CONTROLS.....()Key Use Authorization/Control - Rating: _____ Points _____
()Opening-Closing Security - Rating: _____ Points _____
()Reporting of Suspicious Persons - Rating: _____ Points _____
- ELECTRONIC CONTROLS....()Appropriate Type of System - Rating: _____ Points _____
()User Experience and Knowledge - Rating: _____ Points _____
()Frequency of False Alarms - Rating: _____ Points _____
()Annunciation Capabilities - Rating: _____ Points _____
()High Risk Areas Protected - Rating: _____ Points _____
()Control of Codes, Combinations - Rating: _____ Points _____
()Intruder Detection Capabilities - Rating: _____ Points _____
()Effective Monitoring - Rating: _____ Points _____

Overall General Rating _____ Total Points..... _____

USER PROFILE

- ()Student users promote positive physical security-safety - Rating: _____ Points _____
- ()Staff users promote positive physical security-safety - Rating: _____ Points _____
- ()Visitors, guests, etc. promote positive security-safety - Rating: _____ Points _____
- ()Frequency of use consistent with good security & safety- Rating: _____ Points _____
- ()Hours of operation consistent with good security-safety - Rating: _____ Points _____
- ()Police experience with users positive in nature - Rating: _____ Points _____
- ()Frequency of disturbances and calls for assistance - Rating: _____ Points _____
- ()Other User characteristics unique to facility - Rating: _____ Points _____

Overall General Rating _____ Total Points..... _____

Discussion of User Problems: _____

COMMENTS

General Recommendations For Improvement: _____

Rating and Point Scale:

- 131-points to 162-points = Excellent
- 108-points to 130-points = Good
- 54-points to 107-points = Fair
- Below - 54 points = Poor

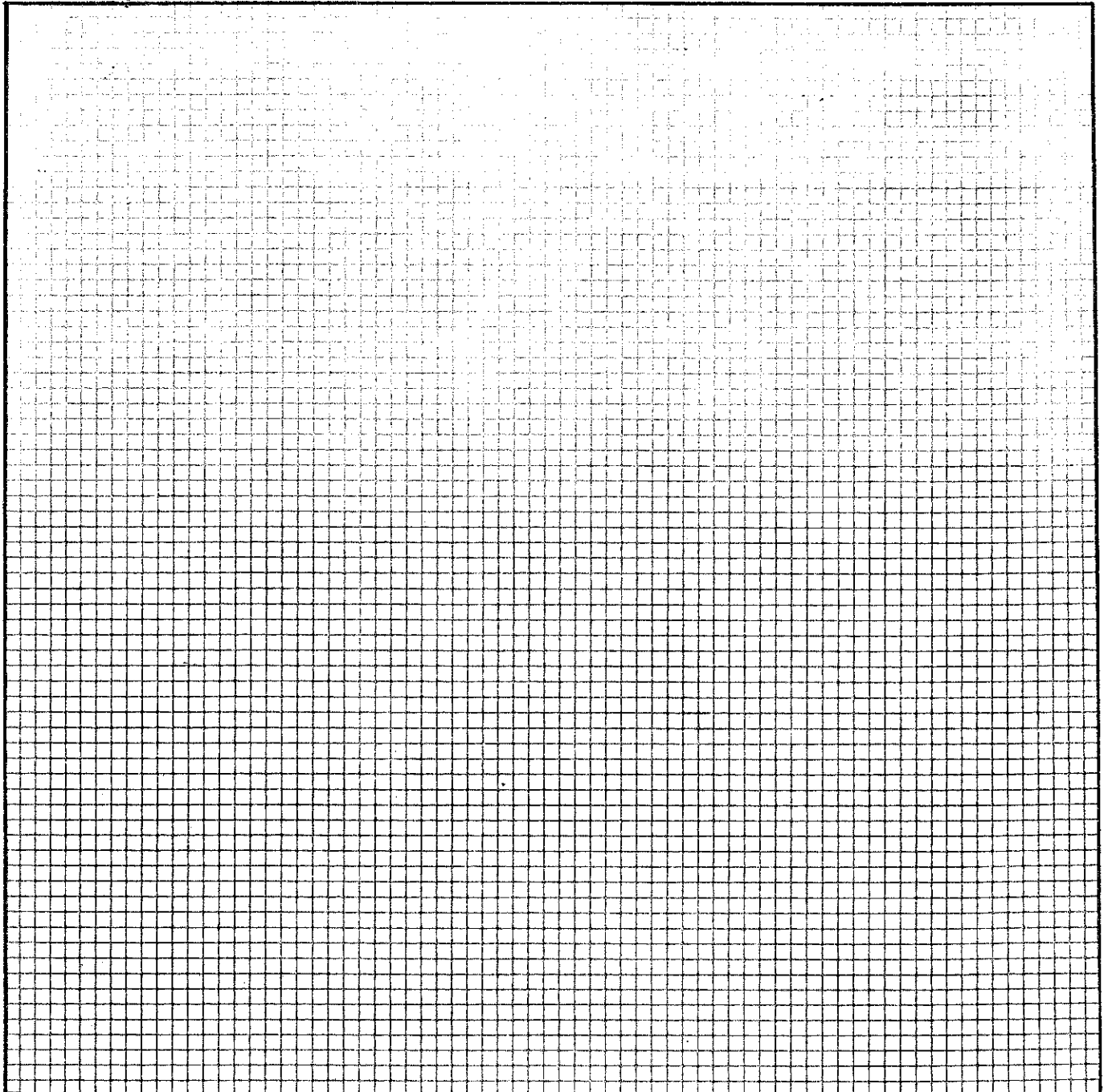
Total Number Of Points For This Site Evaluation: _____

(Total Number for all Sections-combined from above areas, and compared to Rating and Point-Scale at left.)

Overall Rating Based On Above Scale: _____

SITE DRAWING

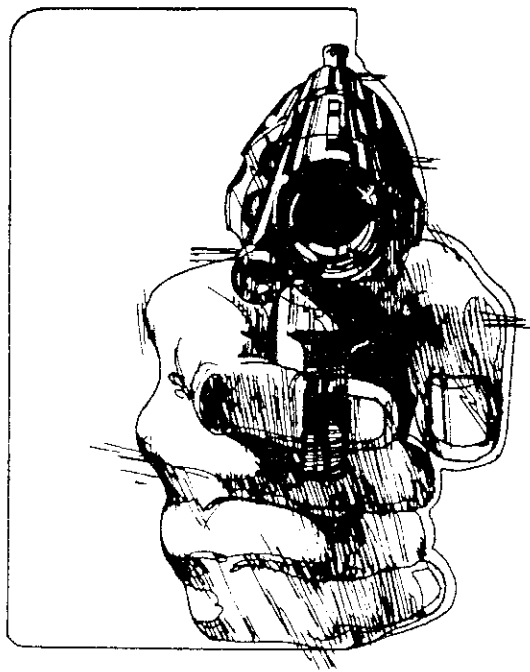
The following sketch-diagram is presented to depict the overall layout and design of the facility, with attention to special areas of consideration. Key points for consideration are indicated as follow



BASIC
BUSINESS SECURITY
PLANNING

Burglary & Robbery
Prevention

By
Randy Gonzalez



BUSINESS SECURITY PLANNING:

Conduct an analysis of your business operations to ensure a good level of minimum security countermeasures, to reduce the opportunity for criminal activity. Practice security safeguards and make your business uninviting to a criminal. Make it difficult for a criminal to gain access to your business by ensuring proper perimeter protection at all times. Secure & protect high risk items through the use of effective anti-theft devices and secure storage. Increase the odds against the potential thief with a good working plan of security. Educate and train your personnel in the proper crime prevention techniques.

Consider the following minimum security recommendations in developing your security countermeasures. And, keep in mind that no system of security is 100% foolproof for every situation. But, through good planning and practice, you can reduce your chances of becoming a victim.

BURGLARY PREVENTION

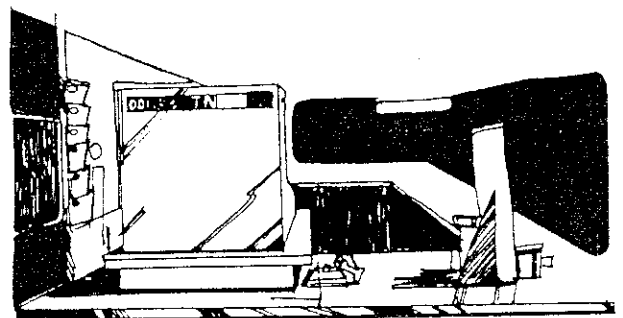
1. Ensure that the business is well protected by solid and heavy doors, with maximum security dead-bolt locks.
2. Protect glass in doors, and windows with protective materials such as grillwork or heavy gauge screening.

3. If possible, use break-proof glass for exterior windows & doors.
4. If choosing a business location, identify low-risk and low crime areas, in a stable neighborhood.
5. Get other businesses involved in a business crime prevention program. Help each other reduce the opportunity for criminal activity.
6. Use protective grillwork for skylights, ventilators, and other openings.
7. Provide adequate external & internal security lighting & reduce possible places where a burglar could hide.
8. Keep high-risk valuables out of display windows at night. Secure them in a protected & alarmed storage area.
9. Make sure you have adequate insurance for all business operations.
10. Consider the installation of an effective alarm system.
11. Leave cash registers empty & open at the close of the day and ensure cash-handling security at all times.

12. Anchor the safe, and ensure that it is properly rated for storage of money.
13. Conduct thorough background checks on all personnel before hiring them.

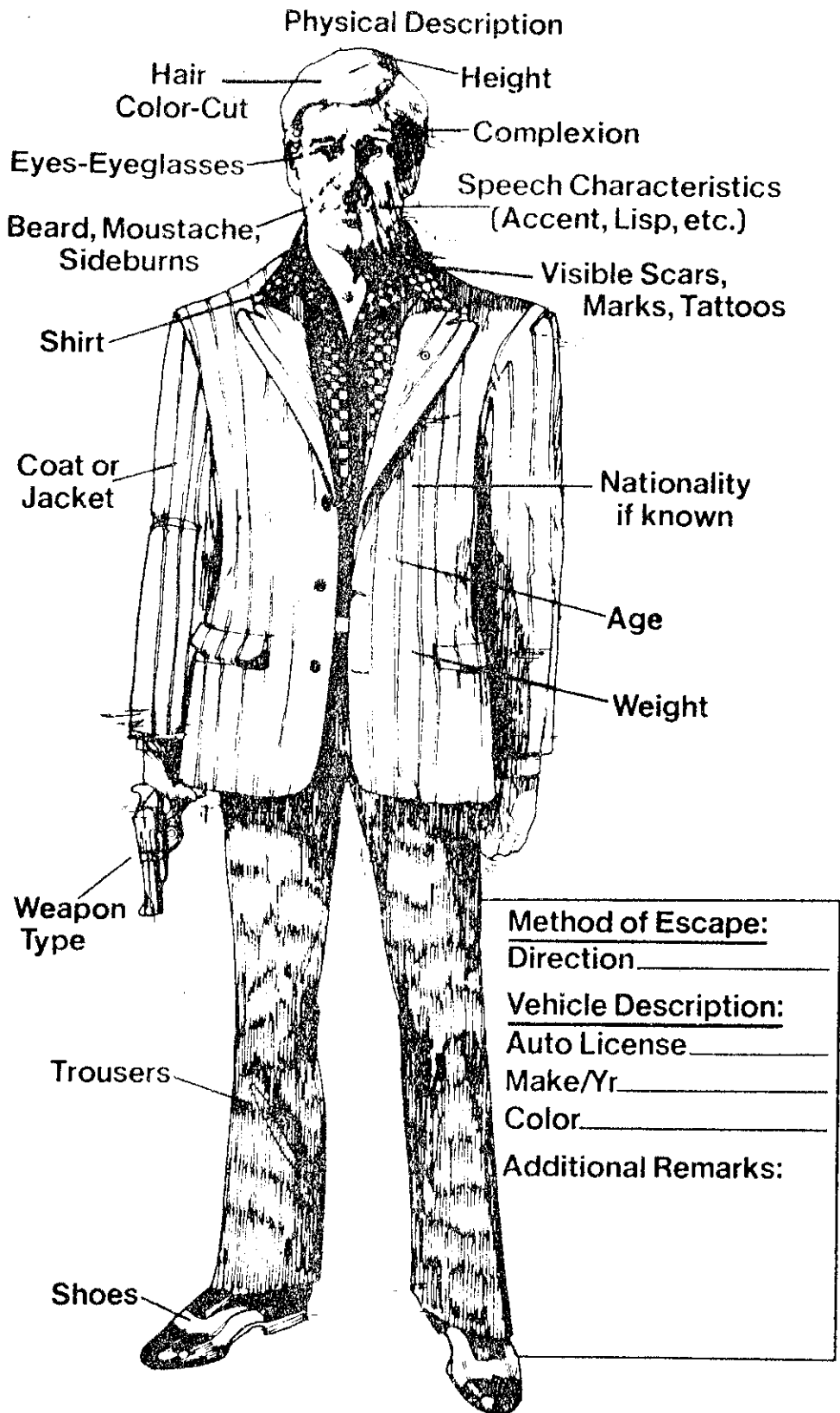
ROBBERY PREVENTION

1. If you observe suspicious persons or actions around your business, call the police immediately.
2. Be alert to persons lingering on the premises with no apparent intention of buying anything.
3. Maintain visibility into the business at all times.
4. Use adequate security illumination inside and outside. Keep all entrances & exits, stairwells, loading docks, parking areas, etc., well-lighted.
5. Provide good security for cash-handling operations at all times. Install proper barriers, controls, secure locations, etc.
6. Install the proper robbery alarm system, that provides silent notification of the police.



7. Make sure employees know how to use the alarm system. Any action to activate the alarm system during a robbery should be done carefully, without an action that alerts, disturbs, or otherwise angers the robber.
8. Always ensure proper testing and service of the on-site alarm system.
9. Keep cash amounts on the premises to a minimum, and make frequent deposits to the bank.
10. When making deposits, do not establish a routine, & go directly to the bank as soon as possible.
11. If large amounts of money are handled, consider the use of an armored car service.
12. Develop a training program for all personnel in the proper response to robbery situations.
13. Conduct a thorough screening check on all personnel before they are hired.
14. Use at least two employees, to open and close the business each day. Use the front entrance when opening and closing, and avoid dark areas, etc.
15. During a robbery, take no overt action which would jeopardize your safety or that of others.
16. During a robbery, attempt a prearranged signal to other employees when it is safe to do so. Carefully make good observations of the robber, and:
 - a. Look for accomplices;
 - b. Observe vehicle used;
 - c. Note type of weapon;
 - d. Exact time of robbery;
 - e. Direction of travel;
 - f. Description of money and articles taken;
 - g. Protect the crime scene, and ask witnesses to stay until police arrive at the business;
17. Maintain 'decoy' money in cash registers and safe at all times.
18. Connect alarm system to the safe, and make sure it is secure at all times.
19. Exercise good key control & key security for all your business operations.
20. Implement security policies and procedures.
21. Be security and safety conscious at all times, and plan ahead to reduce your chances of becoming a victim.





The above chart is presented as a basic guide to assist you in providing descriptive details for the police. You should make an attempt to recall as many physical features as possible.

Try to remember the following key aspects of suspect identification...

NAME (If Known) _____

ADDRESS (If Known): _____

RACE: _____ SEX: _____ AGE: _____

HEIGHT: _____ WEIGHT: _____

HAIR COLOR & CUT: _____

EYES-EYEGASSES: _____

COMPLEXION: _____

SCARS, MARKS, TATTOOS: _____

BEARD, MOUSTACHE, SIDEBURNS, ETC. : _____

HAT: _____

COAT/JACKET: _____

SHIRT: _____

PANTS: _____

SHOES: _____

SOCKS: _____

PHYSICAL DEFECTS: _____

SPEECH CHARACTERISTICS/ACCENT/LISP & OTHER: _____

NATIONALITY (If Known): _____

VEHICLE: Make: _____

Model: _____ Year: _____

Color: _____ Lic#: _____

Style: _____ Lic#State: _____

Dents/Marks: _____

Dir. of Travel: _____

Weapons Used: _____