

Physical Security Audit Office #:
Office Address:
Name and title of Investigator:
Office Managing Attorney:
Office Manager:
Office Supervisor:
Division Chief (State Office Only):
Date of current audit: Date of last audit: Has the office moved since the last audit? Yes No No Is the analysis attached? Yes No Are security personnel located on premises? Yes No
PHYSICAL SECURITY AUDIT CHECKLIST
Physical Layout and Surrounding Perimeter Checklist
Is this a single-story building? Yes \(\sum \) No \(\sum \) Is this a multi-story building? Yes \(\sum \) No \(\sum \) What floor is this office located on? Are there other businesses located in the building not associated with our agency? Yes \(\sum \) No \(\sum \) How many points of entry does this building have? Does this building have attachments for roof access such as fire escapes? Yes \(\sum \) No \(\sum \)
Does the building have skylights? Yes \Box\ No \Box\ Does the landscaping offer areas to hide or access to rooftop or other areas of access? Yes \Box\ No \Box\ Is the landscaping well maintained? Yes \Box\ No \Box\ Do employees and customers share the same parking area? Yes \Box\ No \Box\ Comments / Recommendations:

Lighting Checklist

Is there sufficient lighting to allow visibility of places of concealment? Yes No Sthere sufficient lighting at all building access points? Yes No Sthere sufficient lighting in the parking area? Yes No Streethere any exterior lights currently not working? Yes No Streethere any exterior lights been reported? Yes No Streethere and Streethere
Alarms Checklist
Is the building equipped with intrusion alarms? Yes $\ \Box$ No \Box
Is the building equipped with a fire alarm? Yes $\ \Box$ No \Box :
Comments / Recommendations:
Camera Checklist
Are the security cameras utilized outside the building? Yes $\ \Box$ No \Box
Are security cameras utilized inside the building? Yes $\ \Box$ No $\ \Box$
Are recordings maintained? Yes $\ \square$ No $\ \square$
Are the cameras monitored in real time? Yes $\ \square$ No $\ \square$
Are security cameras utilized inside the child support office? Yes $\ \square$ No $\ \square$
Are recordings maintained? Yes □ No □
Are these cameras monitored in real time? Yes $\ \Box$ No \Box
Comments / Recommendations:
Access Point Checklist
Are all the building access doors in good condition? Yes $\ \square$ No $\ \square$
Are al locks and door hardware operating properly? Yes $\ \square$ No $\ \square$
Are all child support office access doors in good condition? Yes $\ \square$ No $\ \square$
Are all locks and door hardware operating properly? Yes $\ \square$ No $\ \square$
Are there windows on the building? Yes $\ \square$ No $\ \square$
Can the windows be opened? Yes $\ \square$ No $\ \square$
Are there locks on the windows? Yes $\ \square$ No $\ \square$
Comments / Recommendations:

Security Personnel
How many security personnel on site?
Do they carry firearms? Yes $\ \square$ No $\ \square$
What is the name of the security company?
Comments / Recommendations:
Landscaping
Does the landscaping create areas of concealment? Yes $\ \square$ No $\ \square$
Comments / Recommendations:
Lighting Attach a map of the building and indicate where lights are located (attached, parking lot, street, etc.)
Comments / Recommendations:
Alarms
What does the intrusion alarm monitor?
Comments / Recommendations:
Cameras
What company is utilized for security cameras?
How long are recordings maintained?
Comments / Recommendations:

Access Points	
Describe the door (wood, metal, solid, etc.), frame, hinges, and locks for all access poi	ints.
Comments / Recommendations:	
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Any additional observations/concerns/recommendations below:	
Comments / Recommendations:	
Regional or State Office Investigator Date	
The Brothal of State Office investigator	
	
Regional Director or Division Chief Date	
Regional Director or Division Chief Comments / Next Steps:	

Additional Commen	ts After Signing (F	Regional or State	e Office Investig	ator)	