



Free Security Assessment Report

Report No.: _____

CLIENT INFORMATION

Name of Client: _____ Date Report Completed: _____

Persons Seen: _____ Position in Company: _____

Email Address: _____ Telephone Number: _____

Address of premises for which the Report has been completed: _____

Trade or occupation: _____

Description of premises:

Shop: Industrial Unit: Warehouse: Solely office: House: Flat: Other:

If other please give details: _____

Describe crime in area: Very High: High: Reasonable: Low:

General view on PHYSICAL security:

	No obvious defects	May possibly require attention (describe)	None
External doors			
External door locks			
Window key operated locks			
Window bars and/or grilles			
Window shutters			
Other openings e.g. cellar flaps etc.			

Indicate if easy access to property at:

Front: Sides: Rear: Roof: Enclosed site (no easy access):

Occupation:

Commercial risk: Normal business hours (~8am-6pm): Late night opening: Live on property:

Domestic property Normal domestic occupancy: Unoccupied for long periods of time regularly:

Previous theft history:

Break in within last: Week: Month: Year: 3 Years:

Entry through: Door: Window: Wall: Roof:

Expected response to alarm activation: Neighbour: Keyholder: Security company: Police:

Continued...



INTRUDER ALARM

	Notes	Possible Implications/Recommendations
When was the battery last replaced?		
Is the system maintained, if not when was the last service and battery change?		
Is the system monitored (keyholder or police response)?		
Does the system meet current standards (any installation standard issues)?		
How old is the system?		
Any history of false alarms?		
Has the system got the appropriate level of protection (building alterations/stock levels)?		

Any additional observations:

FIRE ALARM

	Notes	Possible Implications/Recommendations
Is the system maintained, if not when was the last service and battery change?		
Is the system monitored (keyholder or brigade response)?		
Does the system meet current standards (any installation standard issues)?		
How old is the system (10 yr life on AFDs)?		
Does system provide appropriate level of protection (building alterations, visual risks)?		

Any additional observations:

CCTV SYSTEM

	Notes	Possible Implications/Recommendations
Is there sufficient lighting?		
Analogue or IP?		
Suitable size DVR?		
Number of cameras?		
Quality of recording?		
Image quality?		
Monitor condition?		
Is the system maintained?		
Are the cameras in the correct position?		
Mobile monitoring / Remote monitoring / text/e-mail alerts?		

Any additional observations:

ACCESS CONTROL

	Notes	Possible Implications/Recommendations
System type (speech/video, prox or card)?		
Is the system DDA compliant?		
Number of doors?		
Stand alone or networked?		
Reason for restricting access?		
Time and attendance or payroll?		
Gate/barrier automation?		
Safety measures for HSE guidelines?		

Any additional observations:

Surveyor Sign: _____ Customer Sign _____ Date _____

By signing above I agree to CTS Security Ltd using the information collected to provide me with a report which may contain recommendations. I understand that this report does not constitute any agreement and is not legally binding, nor does it replace, supersede or negate the need for a full and proper risk assessment of my fire protection measures or other security provisions. I agree that CTS Security Ltd take no responsibility for actions taken, or not taken, as a result of this report. I understand that CTS Security Ltd may contact me by telephone, post or email and that I may opt to not receive communications at any time. I understand that my details will be held in strict confidence and that no information will be given or sold to any third party company without my consent.

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