

'How Good is your Physical Security?'

This survey is a desktop exercise in carrying out a security survey of either your or your client's premises, in much the same way as a professional consultant would in order to find out how secure the premises is.

Not every point will be especially important to you because the configuration of premises

and sites will vary greatly, but over all, if your answers to the applicable items are more negative than positive – you could be in trouble, or at least have good reason to seek help.

It is intended that this survey will run over several issues and cover most, if not all, of

the items which are important in providing a secure environment, including intruder detection, access control and CCTV.

This edition covers a fairly general level of physical site security and it is expected that most responders will have more positive than negative answers.... see how you go!

SURVEY QUESTIONS *by Bob Costello*

Do you know the insurance rating for your area? – If not ask your insurer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you know the relative crime rate for your area? – If not ask the local Police	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the subject premises at similar or less risk than the neighbours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the external doors reliably key locked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a specific person assigned to secure and check all locked doors after hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are personnel required to exit the premises only via a supervised/controlled exit point?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a specific individual and back-up assigned/dedicated to the oversight of security procedures and failures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have vehicle traffic control barriers and procedures for staff and visitors/contractors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the exterior walls, doors and roofs of exterior structures solid and resistant to easy entry?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have fire escape doors with external pin hinges?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are fire escape doors alarmed so that they cannot be used except in emergency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a system, either manual or electronic, of employee and visitor control?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is site or external lighting adequate, after hours? – Minimum 10 lux or moonlight equivalent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are your external low level windows protected against breakage and intrusion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all external and sensitive internal areas provided with mechanical key locks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a manual or electronic key control system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a record of the last key inventory or recombination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a formal security policy and procedures written and available to all employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a formal set of emergency procedures covering fire, external threat or hazard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a formal staff and visitor security awareness program that forms an integral part of the site induction process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are incoming utilities protected from accidental or wilful damage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are fresh air intakes protected from interference or introduction of noxious, odious or hazardous material?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you specifically provide protection for sensitive information – customer records, etc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have protection systems for intellectual property and/or trade secrets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a tested business continuity plan to recover from a disaster?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SCORE 1 POINT FOR EACH "YES" ANSWER:

If you scored 0-5, your security is virtually non-existent.

You need to take immediate action to put some good security measures in place in order to protect your premises.

A good starting point may be to seek the help of a professional consultant.

If you scored 5-10, your security is very weak.

Take a serious look at what you can do to start making your premises more secure.

If you scored 10 –15, you are on the right track.

It would be a good idea to look at upgrading some security measures you answered "No" to.

If you scored 15-20, you are doing well.

Your security should be sufficient in most situations.

If you scored over 20.

You may be a little obsessive about security measures, but you are extremely secure!

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