

Physical Security Risk

Assessment Form

Facility Name: _____

Location: _____

Date of Assessment: _____

Conducted By: _____

Physical Security Review Table

Security Element	Satisfactory (✓)	Needs Improvement (✓)	Comments/Observations
Perimeter Fencing	<input type="checkbox"/>	<input type="checkbox"/>	
CCTV Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting in Key Areas	<input type="checkbox"/>	<input type="checkbox"/>	
Door/Window Locks	<input type="checkbox"/>	<input type="checkbox"/>	
Security Guard Presence	<input type="checkbox"/>	<input type="checkbox"/>	

Vulnerabilities Identified:

Proposed Mitigations:

Signature of Assessor: _____

Date: _____