Security Risk Assessment Report Form

Organization Name: _____

Assessment Date: _____

Assessor's Name: _____

Department/Location: _____

General Information:

Purpose of the Assessment: _____

Scope of Assessment: _____

Security Risk Assessment Table

Risk Factor	Yes (✔)	No (✔)	Comments/Details
Are security protocols documented?	☐	☐	
Is there a security response plan?	☐	☐	
Are surveillance systems functional?	☐	☐	
Are access control measures in place?	☐	☐	
Are security personnel adequately trained?	☐	☐	

Identified Risks:

_____

Recommendations:

_____

Assessor's Signature: _____

Date: _____