

**WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT**  
**Workplace Security Checklist**

**Facility:** \_\_\_\_\_  
**Address/Work Location:** \_\_\_\_\_  
**Assessment Done By:** \_\_\_\_\_  
**Date(s) of Assessment:** \_\_\_\_\_

**A. Security Control Plan**

1. Has a security control plan been developed? YES \_\_\_ NO \_\_\_
2. If yes, is it in writing? YES \_\_\_ NO \_\_\_
3. If yes, does it include:
- a. A policy statement? YES \_\_\_ NO \_\_\_
- b. Evaluation of work areas? YES \_\_\_ NO \_\_\_
- c. Identification of engineering controls? YES \_\_\_ NO \_\_\_
- d. Identification of work practice controls? YES \_\_\_ NO \_\_\_
- e. Training? YES \_\_\_ NO \_\_\_
- f. Evacuation and floor plan? YES \_\_\_ NO \_\_\_
4. Is the security control plan accessible to all employees? YES \_\_\_ NO \_\_\_
5. Is the security control plan reviewed and updated when a task has been added, or annually? YES \_\_\_ NO \_\_\_
6. Has the security plan been coordinated with the local law enforcement agency? YES \_\_\_ NO \_\_\_

**B. Policy Statement**

1. Is the workplace violence statement clearly written? YES \_\_\_ NO \_\_\_

**C. Work Area Evaluation**

1. Are all areas being evaluated? YES \_\_\_ NO \_\_\_

a. If no, which ones are not? Explain:

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**D. Control Measures**

1. Engineering Controls

If appropriate, have the following engineering controls been implemented:

- a. Door control(s) YES \_\_\_ NO \_\_\_
- b. Panic buttons YES \_\_\_ NO \_\_\_
- c. Door detectors YES \_\_\_ NO \_\_\_
- d. Closed circuit YES \_\_\_ NO \_\_\_
- e. Stationary metal detector YES \_\_\_ NO \_\_\_
- f. Hand-held metal detector YES \_\_\_ NO \_\_\_
- g. Sound detection YES \_\_\_ NO \_\_\_
- h. Intrusion panel YES \_\_\_ NO \_\_\_

- |   |         |        |
|---|---------|--------|
| i. Monitors   | YES ___ | NO ___ |
| j. Video tape/digital recorder  | YES ___ | NO ___ |
| k. Switcher   | YES ___ | NO ___ |
| l. Other (note if "YES") _____  | YES ___ | NO ___ |
| m. Have structural modifications (e.g., Plexiglass, partitions, etc.) been implemented? | YES ___ | NO ___ |

If "NO", which ones are not? Explain:

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## 2. Work Practice Controls

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|--|---------|--------|
| a. Desk(s) clear of objects                                | YES ___ | NO ___ |
| b. Unobstructed office exits                               | YES ___ | NO ___ |
| c. Bare cubicles available                                 | YES ___ | NO ___ |
| d. Reception area available                                | YES ___ | NO ___ |
| e. Visitor sign-in/out                                     | YES ___ | NO ___ |
| f. Visitors escorted                                       | YES ___ | NO ___ |
| g. Counter top to separate visitors from work area         | YES ___ | NO ___ |
| h. One visitor entrance used                               | YES ___ | NO ___ |
| i. Separate interview/meeting areas for visitors           | YES ___ | NO ___ |
| j. ID badges used  | YES ___ | NO ___ |
| k. Emergency phone numbers posted                          | YES ___ | NO ___ |
| l. Internal phone system                                   | YES ___ | NO ___ |
| If yes, indicate:  |         |        |
| Does the internal phone system use 120 VAC building lines? | YES ___ | NO ___ |
| Does the internal phone system use phone lines?            | YES ___ | NO ___ |
| m. Internal procedures for conflict/problem resolution     | YES ___ | NO ___ |
| n. Other (explain below if yes)                            | YES ___ | NO ___ |
| Explain:   |         |        |

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## 3. Security Controls

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|---|---------|--------|
| a. Are there security guards at this facility<br>(if yes, answer the following questions) | YES ___ | NO ___ |
| How many _____  |         |        |
| At entrance(s)  | YES ___ | NO ___ |
| Building patrol   | YES ___ | NO ___ |
| Are they from a contracted security agency  | YES ___ | NO ___ |
| If no, has consideration been given to the local law enforcement response capabilities    | YES ___ | NO ___ |

### **E. Workplace Violence Prevention Training**

1. Has training been provided? YES \_\_\_ NO \_\_\_
2. If yes, has it been provided  
 Prior to initial assignment YES \_\_\_ NO \_\_\_  
 Annually thereafter YES \_\_\_ NO \_\_\_
3. If training provided, does it include:
- a. Components of security control plan YES \_\_\_ NO \_\_\_
  - b. Engineering controls instituted at workplace YES \_\_\_ NO \_\_\_
  - c. Work practice controls instituted at workplace YES \_\_\_ NO \_\_\_
  - d. Techniques to use in potentially violent situations YES \_\_\_ NO \_\_\_
  - e. How to anticipated/read behavior YES \_\_\_ NO \_\_\_
  - f. Workplace Violence Prevention Program YES \_\_\_ NO \_\_\_
  - g. Post-incident procedures YES \_\_\_ NO \_\_\_
  - h. Periodic refresher for on-site procedures YES \_\_\_ NO \_\_\_
  - i. Substance abuse/paraphernalia recognition YES \_\_\_ NO \_\_\_
  - j. Opportunity for Q&A with instructor YES \_\_\_ NO \_\_\_
  - k. Other (explain below) YES \_\_\_ NO \_\_\_

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4. Are training records kept? YES \_\_\_ NO \_\_\_

### **F. Floor Plan & Evacuation Plan**

1. Are emergency evacuation plans current? YES \_\_\_ NO \_\_\_
2. Are floor plans posted showing exists, entrances, location of security equipment, first equipment, etc.? YES \_\_\_ NO \_\_\_
3. Are emergency evacuation drills conducted at least annually? YES \_\_\_ NO \_\_\_

### **G. Conclusions**

1. Do employees feel safe in the workplace? YES \_\_\_ NO \_\_\_  
 If no, note specific concerns:

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2. Comments and recommendations based on this evaluation (attach addition sheet(s) if necessary).

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