ISPS Compliance Self-Assessment Questionnaire

General Information Facility Name Location Assessment Date **Assessor Name** Section 1: Security Organization 1.1 Is there a designated Port Facility Security Officer (PFSO)? Yes O No 1.2 Is there an updated Port Facility Security Plan (PFSP)? Yes O No Section 2: Access Control 2.1 Are access points to the facility controlled and monitored? Yes O No 2.2 Are visitor records maintained? C Yes O No Section 3: Security Equipment 3.1 Are security devices (CCTV, alarms) functional? C Yes O No 3.2 Are regular tests and maintenance of security equipment conducted? C Yes O No Section 4: Training and Drills 4.1 Has security training been provided to relevant staff?

C Yes

○ No			
4.2 Are security drills and exercisYesNo	es conducted regular	ly?	
Section 5: Incident Reporting	ng		
5.1 Is there a procedure for reportYesNo	ting security incidents	9?	
5.2 Are incidents documented an C Yes No	d reviewed?		
Comments / Observations			
Assessor Signature			
Reviewed By			