

# ATM Site Security Inspection Form

ATM Location/Branch:

Inspector Name:

Date:

Time:

## ATM Surroundings

☐ Adequate lighting   ☐ Clear signage   ☐ No obstructions   ☐ No loiterers

## Physical Security

☐ Surveillance camera installed   ☐ Camera functioning   ☐ Doors/gates secure  
☐ Alarm system installed   ☐ Alarm functioning

## ATM Machine Inspection

☐ No signs of tampering/skimming devices   ☐ Machine operational   ☐ Machine clean

## Cash Replenishment Safety

☐ Secure delivery route   ☐ Two-person rule observed

## Emergency Response

☐ Emergency contact info visible   ☐ Panic button present   ☐ Panic button functioning

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Comments/Observations:

Signature:

Date Signed: