

Retail Store Premises Security Assessment Form

Store Information

Store Name

Address

Contact Person

Contact Number

Assessment Details

Assessment Date

Assessor Name

Security Assessment Checklist

Item	Yes	No	Comments
Are CCTV cameras installed and functioning?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Are entrance and exit points secure?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Is alarm system operational?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Are emergency exits accessible?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Are security personnel present?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Are fire extinguishers in place and inspected?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

General Observations

Recommendations

