

# Hospital Facility Physical Security Review Form

## Facility Details

Facility Name

Location/Address

Date of Review

Reviewer Name/Title

## Physical Security Checklist

Area	Compliant	Comments
Perimeter Security (fencing, gates, signage)	<input type="text"/>	<input type="text"/>
Entrance Controls (reception, ID, visitor management)	<input type="text"/>	<input type="text"/>
Access Controls (card readers, locks, keys)	<input type="text"/>	<input type="text"/>
Intrusion Detection (alarms, motion sensors)	<input type="text"/>	<input type="text"/>
Video Surveillance (CCTV coverage, recording)	<input type="text"/>	<input type="text"/>
Lighting (external and internal)	<input type="text"/>	<input type="text"/>
Emergency Exits (locked/unlocked, alarms)	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>

## Observations / Issues Identified

Recommendations

Additional Notes