

Healthcare Facility Security Risk Assessment Form

Facility Information

Facility Name

Location/Address

Contact Person

Date of Assessment

Assessors

Names of Assessors

Facility Security Features

Number of Entry Points

Number of Security Personnel

Types of Access Controls

CCTV Systems

Alarm Systems

Identified Risks

| Risk | Likelihood | Impact | Mitigation |
|------|------------|--------|------------|
|------|------------|--------|------------|

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Recommendations

Approval

Approved By

Approval Date