

Workstation Physical Security Form

Employee & Device Info

Employee Name

Department

Date

Device Serial Number

Workstation Location

Physical Location / Room Number

Is the workstation in a secure area?

Security Measures

Is the workstation locked or anchored?

Is there a privacy screen?

Access restrictions (e.g., keys, access card) in place?

Other physical security controls

Observations & Comments

Notes

Signature

Employee Signature

Date