Hospital Grounds Perimeter Security Evaluation

General Information Hospital Name Date Address Evaluator Contact **Perimeter Fencing and Barriers** Description/Type Continuous and Unbroken? **Gates Condition Vulnerabilities Noted** Lighting Coverage (all areas well-lit?) **Operational at Night?** Dark Spots / Issues **CCTV & Surveillance Cameras Covering Entire Perimeter? Blind Spots Noted? Monitoring Method**

Access Control

Number of Entry/Exit Points	
Guards Present?	
Screening Procedures	
Landscaping & Environmental Features	
Overgrown Vegetation?	
Obstruction to Visibility?	
Other Concerns	
Additional Notes / Recommendations	