APPENDIX C
U.S. GEOLOGICAL SURVEY
PHYSICAL SECURITY SURVEY CHECKLIST

Region and Office: _______________________________

Building Name: _______________________________________

Address: _______________________________________________

Individual conducting physical security survey:

________________________________  _______________________________
                                                Printed Name and Title                                Address and Phone

Signature: ____________________________________________

Dates of Survey: ________________________________

1. CONTACTS

a. Principal Building Official: ____________________________

Phone: ____________________________

b. Facility Security Manager: ____________________________

Phone: ____________________________

c. Federal Law Enforcement

Agency: ____________________________________________

Name, Address, and Phone

Will respond to offenses/incidents: Yes ____ No ____

d. Police Department

Agency: ____________________________________________

Name, Address, and Phone

MOU with Local Police: Yes ____ No ____

Will Provide Crime Statistics: Yes ____ No ____
Will Conduct Crime Prevention Programs: Yes ___ No ___

e. Alarm Contacts

Agency: _______________________

Name and Title: _____________________________________

Day Phone: __________________________  Night Phone: __________________________

Agency: _______________________

Name and Title: _____________________________________

Day Phone: __________________________  Night Phone: __________________________

Agency: _______________________

Name and Title: _____________________________________

Day Phone: __________________________  Night Phone: __________________________

Other:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. FACILITY/BUILDING INFORMATION

Federally owned: Yes ____ No _____  Leased: All ____ Partial _____

Lessor’s Name: _______________________________________________________

Lessor’s Address: _____________________________________________________

Jurisdiction of Building: Exclusive _____ Concurrent____ Proprietary _____

Date Building Constructed: ___________

Building Composition: (brick, block, concrete (precast or poured), metal panels, glass exterior)
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Total Square Footage: _______________

Total Number of Floors: Above Ground _____ Below Ground_____ 


Total Number of Occupants: ________ Total Number of Daily Visitors: ________ 

Normal hours of operation: Days/Week _____ Open ________ Close ________

Distance in yards from the building to the nearest public street: ____________

Distance in yards from the building to the nearest public on-street parking: _______

Distance in yards from the building to the nearest public parking lot: __________

Are there public parks, plazas, or other public areas immediately adjacent to the building? Yes _____ No _____

Are there any commercial businesses (e.g. restaurants, drug stores, banks) with uncontrolled external access in the building? Yes _____ No _____

Occupant Emergency Plan: Yes _____ No _____

Bomb Threat Procedures: Yes _____ No _____

Data Cards Used: Yes _____ No _____

Building Rules and Regulations Posted: Yes _____ No _____

Comments:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. PREVIOUS SURVEY INFORMATION

Date building last surveyed: __________

By Whom:__________________________________________________________

All recommendations implemented from last survey: Yes _____ No _____
If no, explain:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. ON-SITE PARKING

Underground parking: Yes____ No____

If yes, how is parking controlled? How is public parking controlled?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Outside Parking Area: Yes _____ No _____

If yes, how is parking controlled? How is public parking controlled?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is employee parking separated from public parking? Yes ____ No ____

If no, please explain.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Are all vehicles setback at least 100 feet from the facility? Yes ____ No ____

If no, are the vehicles within 100 feet of the facility screened by a guard? Yes ____ No ____
Are procedures established and implemented to alert the public to towing policies and the removal of unauthorized vehicles? Yes ____ No ____

Are procedures established for identifying vehicles and corresponding parking spaces? (placard, decal, card key, etc.)? Yes _____ No _____

5. PERIMETER SECURITY

Physical Barriers

Are there exterior barriers extending the physical perimeter (i.e., concrete barriers, planters, bollards, boulders, fences, vehicle gate controls, etc.) of the facility? Yes ____ No ____

Are there parking barriers separating the parking/drop off area from the facility? Yes ____ No ____

If yes, explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Building Heating, Ventilating, and Air Conditioning (HVAC) System

Has the HVAC system been assessed and steps taken to decrease the vulnerability of the building HVAC system against a Chemical, Biological, and Radiological (CBR) threat? Yes _____ No _____

Explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there the ability and procedures established to close the air intake system? Yes ____ No ____

Are there dedicated HVAC systems for lobbies, mailrooms, and loading docks? Yes ____ No ____

Closed Circuit Television (CCTV) Monitoring
CCTV surveillance? Yes _____ No _____

If yes, what is the CCTV coverage? Is there 360-degree coverage?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is the surveillance and recording by the CCTV 24-hour? Yes _____ No _____

Is there a pan, tilt, and zoom capability along with a still picture capability? Yes _____ No _____

Are the video recordings time-lapsed? Yes _____ No _____

Is there a security room with two officers monitoring the CCTV system on a 24-hour basis? Yes _____ No _____

If no, please explain.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there one monitor for every eight cameras? Yes _____ No _____

Is there a back-up power supply? Yes _____ No _____

Are the recordings maintained for at least 30 days? Yes _____ No _____

Are warning signs posted advising of 24-hour video surveillance? Yes _____ No _____

**Lighting**

Is there standard safety-code emergency lighting in virtually all areas to provide for safe evacuation of buildings in case of natural disaster, power outage or criminal/terrorist activity? Yes _____ No _____

Is there exterior lighting with 360 degree coverage around the exterior of the facility? Yes _____ No _____

Is there at least 30-minute battery backup power of this emergency lighting? Yes _____ No _____
Is there adequate lighting for the parking areas? Yes _____ No _____

Are the minimum lighting requirements for the CCTV system met? Yes ____ No _____

If no to any of the questions above under “Lighting,” please explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Receiving/Shipping

Have the current standards for receiving/shipping been audited to improve security? Yes _____ No _____

After auditing the procedures for receiving/shipping, have security enhancements been implemented? Yes _____ No _____

If yes, explain what security enhancements were implemented.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is access to the receiving/shipping area restricted to authorized personnel and vehicles? Yes ____ No ____

Is the receiving/shipping area monitored or secured? Yes ____ No ____

If yes, please explain.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there a fixed post at the receiving/shipping area? Yes ____ No ____

Are all mail and packages subject to x-ray screening and/or visual inspection before entering the facility? Yes ____ No ____
If yes, explain process used, type of equipment, and location:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is all incoming mail irradiated? Yes ____ No ____

Is periodic security training for letter bombs/suspicious mail provided to mailroom personnel? Yes ____ No ____

Are dumpsters in a secured area? Yes _____ No _____

If no, explain:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Guard Force

Is there a Guard Force? Yes____ No _____

Guard Force: Armed _____ or Unarmed _____

If your facility has magnetometer screening checkpoints, are all officers manning these checkpoints to include roving and response guards armed? Yes ____ No ____ N/A____

Civilian Contractor:

___________________________________________________________________________

COR: _____________________________ Phone: _____________________________

Security Roving Patrols: Yes _____ No _____ Hours of Patrols and Locations:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

24-Hour Guard Service on Site: Yes _____ No _____

Is there a dedicated trained on-site Security Manager? Yes ____ No ____
Are there Fixed Posts at all accessible entrances/exits? Yes ____ No ____

Are the security personnel at these open access points checking identification? Yes ____ No ____

If no, explain what security procedures are established for your open access points. Is a receptionist or other individual checking identification at these open access points?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Number of Fixed Duty-Hour Posts with Explanation:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Number of Fixed Non-Duty Hour Posts with Explanation:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there a reliable 24-hour communications system for all security personnel? Yes ____ No ____

Is there an interoperable communications system with other organizations? Yes ____ No ____

Response to Offenses/Incidents:
Federal Protective Service: Yes ____ No ____ Emergency Response Time: ______________
Contract Guards: Yes ____ No ____ Emergency Response Time: ______________
Local Police: Yes ____ No ____ Emergency Response Time: ______________

Is there access to an EOD K-9 Unit and/or a designated counter Surveillance Unit on a 24-hour basis? Yes ____ No ____

Access Control
Do all exterior entrances have high security locks (any mechanical tumbler lock with at least 6 pins, any electro-mechanical lock, any electronic lock, or any combination lock)? Yes _____ No _____

If no, explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there a central database containing the location and serial number of all keys? Yes _____ No _____

Is there a card key reader system or similar system that records the entry/exit times? Yes _____ No _____

Is there key control for perimeter doors? Yes _____ No _____

Are hinges on the inside of exterior doors? Yes _____ No _____

Are guard plates on all exterior locks? Yes _____ No _____

Are exterior first floor windows lockable? Yes _____ No _____

If no, explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is there an Intrusion Detection System (IDS – alarm system) with 24-hour central monitoring capability? Yes _____ No _____

If yes, are all access points such as exterior doors and loading dock doors alarmed? Yes _____ No _____

If yes, are all windows alarmed? Yes _____ No _____

Explain:___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What other areas within the facility are alarmed (duress alarms, safe alarms, credit unions, other areas where money is stored, classified areas, nuclear material areas etc.)?
If there is an IDS system, is the alarm equipment approved by the Underwriter’s Laboratory (UL)? Yes ____ No _____

If there is an IDS system, is the monitoring done on site by the guard service, by a UL-approved local alarm monitoring company, by the Federal Protective Service, or by a local police department?

Are all alarms set up properly during secure hours? Yes ____ No _____

Are the alarms tested periodically? Yes ____ No _____

Is the IDS system utilizing line supervision and backup power? Yes ____ No _____

If no, explain.

Is there a peephole and intercom system? Yes ____ No ____ (This is an easy and effective visual recognition system for small offices.)

Is there an entry control system with CCTV and door strikes? Yes ____ No ____ (This allows employees to view and communicate remotely with visitors before allowing access.)

Are there x-ray and magnetometer machines at the public entrances with trained operators? Yes ____ No _____

Is there a radiation-screening device? Yes ____ No _____

If yes, please explain:
6. INTERIOR SECURITY

Employee/Visitor Identification

Is there a visitor control/security system in place for visitors? (At a minimum, individuals must access all USGS facilities via a screening system, display a temporary/visitor badge at all times, and/or be escorted at all times.)  Yes _____ No _____

Explain your visitor control screening system:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are stringent methods of control established for the visitor badges to ensure that visitors wearing badges have been screened and are authorized to be at the facility during the appropriate time frame?  Yes _____ No _____

Explain:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Has the facility implemented the procedures and exercised the authority for issuing employee and visitor ID’s as established in Survey Manual 440.1, Identification Cards?  Yes _____ No _____

If no, explain:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are USGS photo ID’s required to be worn and displayed at all times by USGS personnel and cleared contractors?  Yes _____ No _____

123
Control Procedures For Service Contract Personnel

Are procedures established to ensure security where private contract personnel are concerned either by conducting background checks and/or establishing security control procedures for service contract personnel?  Yes _____ No ______

Explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Utilities

Are utility areas and the HVAC system secured so that only authorized personnel can gain entry (i.e., electrical closets, telephone closets, mechanical areas, roof access, etc.)? 
Yes ____ No ____

Are exterior propane fuel tanks and any other vulnerable fuel sources protected? 
Yes _____ No _____

Is the water supply to the facility protected?  Yes _____ No _____

Are exterior power plants and generators protected?  Yes _____ No _____

If yes to any questions above under “Utilities,” please explain how:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Is fuel stored within the building?  Yes _____ No _____

If yes, how is this fuel protected?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Critical Systems

Are the fire detection, fire suppression systems, etc., upgraded to current life safety
standards? Yes _____ No _____

If no, explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Do all alarm systems, CCTV monitoring devices, fire detection systems, entry control
devices, critical communications systems, computers monitoring security/vital systems, etc.,
have a back-up power supply of at least 30 minutes? Yes _____ No _____

If no, explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. SAFETY AND SECURITY PLANNING

Occupant Emergency and Continuity of Operations Plans

Does the facility have an Occupant Emergency Plan (OEP)? Yes _____ No _____

Does the facility have a Continuity of Operations Plan (COOP)? Yes _____ No _____

Have these plans been reviewed and updated for thoroughness and to reflect the current
security climate? Yes _____ No _____

Does the facility COOP establish relocation primary and secondary sites? Yes ___ No ___

Does the OEP maintain current contacts for local police, Fire Department, HAZMAT
Teams, EOD Team, etc. Yes ____ No __

Are OEP officials assigned, trained, and a contingency plan established to provide for the
possible absence of OEP officials in the event of emergency activation of the OEP?
Yes ______ No ______

Is there annual tenant training of the OEP? Yes ______ No ______

Has the facility received bomb threats? Yes _____ No _____

If yes, how many, when, and did they result in the evacuation of the building?
Is there a “Shelter in Place” Plan? Yes ____ No ____

Is there a Facility Emergency Public Address System? Yes ___ No ___

**Security Training and Intelligence Sharing**

Is annual security awareness training for all tenants conducted? At a minimum, self-study programs utilizing videos, and literature, etc., should be implemented. Materials or briefings should provide up-to-date information covering security practices, employee security awareness, and personal safety, etc. Yes ______ No ______

Explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has the FSO or principal manager established procedures to ensure timely delivery of critical intelligence and threat alerts provided by the Regional Security Officers to the appropriate individuals? Yes _____ No _____

Explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have administrative and security procedures as dictated by Survey Manual 440.5, Threat Condition Guidance, been established to respond to incoming threat alerts (Code Green, Code Blue, Code Yellow, Code Orange, and Code Red)? Yes _____ No _____

Explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there a Facility Incident Reporting System? Yes ____ No ____