



HOMELAND SECURITY EMERGENCY MANAGEMENT

NEW HAMPSHIRE DEPARTMENT OF SAFETY

State of New Hampshire
Department of Safety
Division of Homeland Security and Emergency Management

FACILITY SELF-ASSESSMENT TOOL

Developed January 2019 – Updated June 2019

This Facility Self-Assessment Tool is designed to assist organizations with identifying their security vulnerabilities.

By answering a series of security related questions, users can quickly identify areas for improvement. Questions that receive a check in the “No” box may identify a potential vulnerability for the facility. Once a facility identifies a potential vulnerability, facility management may establish or adjust an internal policy or procedure, or seek appropriate professional guidance to explore options available to address the vulnerability.

There is no right or wrong answer for these questions, but the honest answers will assist with establishing a more honest assessment. Ultimately, the follow-up actions and next steps are based solely on each organization.

For additional resources and information please contact NH HSEM Operations Section at nheoc@dos.nh.gov or call 603-271-2231.

DATE OF ASSESSMENT: _____

SECTION I: ORGANIZATION & CONTACT PERSON INFORMATION	
Organization Name:	
Street Name/Number:	
City/Town/Zip:	
Contact Person’s Name:	
Contact Person’s Title:	
Contact Person’s Phone:	
Contact Person’s Email:	

SECTION 2: ASSESSMENT INFORMATION

Date of Assessment:

What agencies participated in the assessment?

(Local First Responders?)

Has another facility assessment ever been completed?

Yes No

Has a threat assessment ever been completed?

Yes No

Has your insurance provider been contacted about participating in an assessment?

Yes No

SECTION 3: FACILITY INFORMATION

1. What year was the facility built?

2. What type of structure is the facility?

3. What is the square footage of the facility?

4. How many stories (floors) is the facility?

5. How many full-time staff does the organization employ?

6. How many part-time staff and volunteer leaders does the organization have?

7. What is the highest population/attendance at any given time?

8. What is the average population/attendance throughout the day?

9. Does your facility have an Emergency Operations Plan (EOP)?

Yes No

10. Has your facility experienced any incidents of vandalism or painting of graffiti?

(Removal of graffiti sends a message that the facility is maintained and security conscious.)

Yes No

Facility Information

Comments:

SECTION 4: BUILDING IDENTIFICATION AND ACCESS CONTROL

1. Is your facility visible from the street during both the day and night so that police/security patrols can conduct external security checks?

(A well-maintained facility projects a deterrence message to potential criminals.)

Yes No

2. Are entry points to your facility/business physically supervised?

(Individuals should be met, or announced, when they enter your building.)

Yes No

3. Do all of your staff, volunteer leaders, visitors, and vendors wear identification credentials while on premises?

(Use of visible identification allows for rapid evaluation of individuals in sensitive areas.)

Yes No N/A

4. Are visitors asked to provide proof of identification?

(This technique helps prevent misrepresentation of individuals claiming to be utility workers, police officers, etc. When in doubt, verify with the responsible agency.)

Yes No N/A

5. Are visitors provided with visitor passes?

Yes No N/A

6. Are visitor passes designed to look different from staff identification?

Yes No N/A

7.	Are visitor passes collected from visitors when they leave the building? <i>(Retrieval of visitor passes helps prevent compromise or re-use of passes for ulterior motives).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8.	Do your staff challenge or offer to assist people not wearing a visitor's pass or identification credential? <i>(This technique is an effective security measure. It demonstrates that the staff is aware and security conscious.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Are signs used to designate nonpublic areas and establish procedures to prevent unauthorized access?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	Are doors to critical areas locked and are there procedures to limit access to authorized personnel only?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11.	Are doors to utility, mechanical, electrical, and telecom rooms secured?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12.	Is access to interior space from the roof with secured with high-security locks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Building Identification and Access Control Comments:		

SECTION 5: DOORS AND WINDOWS

1.	Are all exterior doors and windows locked during off-hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are all primary access doors secured and require a staff member (physically or electronically) to let them in?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Are all non-primary access doors locked when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Are all doors checked regularly to ensure they are secured per facility policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are primary doors and windows reinforced with bullet-resistant glass and/or security laminate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Are there barriers to prevent vehicles from driving into building entry points?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doors and Windows Comments:		

SECTION 6: FENCES AND GATES

1.	Does your site have perimeter fencing that is free of visual obstructions (such as brush, bushes, containers, etc.) and clearly delineates the premises boundary? <i>(A well-maintained fence is a psychological deterrent to curb criminal activity.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2.	Are your fences constructed at a height to limit access? <i>(Six to eight foot high fences provide theft security.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Are your gates in good working order and able to be secured by a locking device?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	Do you have the appropriate warning signs, (e.g. No Trespassing, CCTV in Use, etc.), displayed around the perimeter of the premises? <i>(Security signage provides a psychological deterrent to criminal activity.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Fences and Gates Comments:		

SECTION 7: SECURITY LIGHTING

1.	Is interior/exterior lighting installed around your premises, including parking lots and pathways? <i>(Effective security lighting discourages criminals and aids in the detection of unauthorized individuals.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Does your interior/exterior lighting work? <i>(Visit your facility at night and check for burned-out bulbs or damaged, misaligned fixtures, etc.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Does your interior/exterior lighting provide adequate coverage? <i>(Dark areas provide concealment to intruders. Effective security lighting has minimal gaps. Security cameras may be synchronized to motion detection lighting systems.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Is the lighting power panel locked and secured? <i>(Easy access to these controls negates your security lighting plan, and provides criminals a marked advantage.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are there interior lights activated during off hours? <i>(Interior lighting allows for security/police patrols to detect intruders inside a facility during hours of darkness.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Does your exterior lighting meet local ordinances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Security Lighting Comments:		

SECTION 8: SECURITY ALARM SYSTEMS

1.	Is your facility protected by an intrusion detection system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Is your security alarm system monitored by a central station? <i>(A non-monitored alarm is typically not an effective prevention tool.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Does your security system have a duress function? Commonly called a panic alarm? <i>(Consider these for reception areas, sensitive areas such as classrooms, and offices of facility leadership who may be targeted.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Does your system work properly, and is it tested and serviced on a regular basis? <i>(Alarm systems require maintenance and upgrades during their life cycle.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Do you have standard operating procedures for staff responding to alarm activations during operating hours and after hours? <i>(Staff could be walking into a potentially dangerous situation and need to be aware of what actions to take.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Does your system have a cellular or back-up power supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Are your alarm arming and de-arming codes ever changed? <i>(On a regular basis or as staff separate, codes should be changed.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Is the alarm arming and de-arming codes issued on a limited basis and to the appropriate people?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Security Alarm Systems Comments:		

SECTION 9: FIRE PROTECTION

1.	Is the building equipped with an automatic fire alarm system? If yes, is it connected to the local fire department by some automated means (i.e. master box, radio box, direct dial, central station, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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2.	Is the building equipped with an automated sprinkler system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Does the building have fire extinguishers in compliance with the fire code?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Does the fire department have an up-to-date list of emergency contacts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	In the event of a fire, does the building have an emergency evacuation plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Does the building practice fire evacuation drills?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Is the building in the vicinity of water for fire protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Protection Comments:		

SECTION 10: CLOSED CIRCUIT TELEVISION (CCTV)		
1.	Do you have CCTV equipment installed? <i>(A camera system allows for enhanced detection of intruders, is a psychological deterrent, and is a means to document a subject's identity for police department follow-up.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are your cameras actively monitored? <i>(An unmonitored CCTV only serves to document events, and does not provide increased warning or command and control during incidents.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Do your CCTV cameras cover all entrances and exits to your building?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	Do you have CCTV cameras covering critical areas inside of your facility, such as server rooms or cash offices? <i>(These areas may be targeted by nefarious individuals.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	Are your CCTV cameras fixed (stationary) or PTZ (pan-tilt-zoom / directional)?	
6.	Are your CCTV cameras nighttime capable?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7.	Are your CCTV images recorded, retained for future use as needed, and stored in a secure area? If so, for how long? <i>(Camera images may be essential to solving crimes.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8.	Is your CCTV system regularly inspected and maintained? <i>(Regular maintenance and function checking of the system is essential to the system's effectiveness.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Closed Circuit Television (CCTV) Comments:		

SECTION 11: CASH HANDLING		
1.	Do you have established cash-handling procedures? <i>(Cash is a desired target of criminals.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Do you have irregular banking procedures? <i>(Have you set a pattern of depositing or moving cash from your facility that criminals may exploit?)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do you have an outside company to transport cash?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Is money counted away from public view?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cash Handling Comments:		

SECTION 12: MAIL HANDLING

1.	Do you have established mail-handling procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Is mail and packages stored in a secure area while waiting further processing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Are packages left unsecured on the loading dock or in other areas outside the standard mail area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Does your facility maintain a log (paper or electronic) of mail and packages it receives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mail Handling Comments:			

SECTION 13: KEYS & ACCESS CARDS

1.	Do you maintain a key inventory, and are keys numbered rather than named? <i>(If a key is lost or misplaced a "named" key informs the finder exactly what it opens. A numbered key does not.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Do you regularly conduct key audits, and is the key audit log secured? <i>(This is essential to maintain control of your keys.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Are your spare keys secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are your keys, identification credentials, and uniforms collected upon employee separation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Does your organization use a trackable access card, key fob or key pad entry system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Are all entry and exit doors secured with the access card system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Can the access card system be audited to review access and card usage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Does your facility have an exterior key vault (i.e. Knox Box) for fire responder emergency access? And are the keys current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keys & Access Cards Comments:			

SECTION 14: INFORMATION SECURITY

1.	Do you store and lock all business documents at the close of the business day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Do you have a clear-desk policy? <i>(Are sensitive/personal materials secured and not left in the open?)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Does your organization have dedicated staff or a clearly identified person in charge of cybersecurity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Does your organization have a cybersecurity policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Does your organization have a cybersecurity incident response plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Are all your computers password protected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Do you require computer passwords to be changed regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8.	Do employees complete regular cyber awareness trainings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Does your organization schedule routine data backups?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Does your organization have protection software on systems and devices on the network?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Does your organization maintain security and event logs for networks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information Security Comments:			

SECTION 15: COMMUNICATION

1.	Do you have written security policies and procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are your policies and procedures reviewed regularly and, if necessary, updated? <i>(Plan development should occur prior to a crisis situation occurring.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Do you regularly meet with staff and discuss security issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Do you encourage staff to raise their concerns about security? <i>(Your staff is the frontline "sensor" to detect and react to security breaches.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Do you interact with law enforcement and neighboring businesses/facilities on issues of security and crime trends that might affect everyone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Do you and your staff know the various methods of contacting authorities such as police, fire, and emergency services? (i.e. non-emergencies, panic buttons, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Does your facility have a method of notifying 911 or first responders in a method other than calling 911?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	When calling 911, does your phone system require a prefix digit to get an outside line? (i.e. 8 or 9 to dial outside)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Do you have a method (other than a fire alarm) to simultaneously inform everyone in the building that an emergency has occurred?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Communication Comments:			

SECTION 16: EMERGENCIES

1.	Have local first responders toured your facility to gain a greater understanding of the physical layout?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are special events held at your facility that draw large crowds or increased visibility to the event/venue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Are local first responders aware of the increase in population due to special events and/or potential threats?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are staff trained, and have they practiced/exercised their response to handle emergencies in the last twelve months? <ul style="list-style-type: none"> • Nuisance phone calls • Active shooter 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<ul style="list-style-type: none"> • Lockdown • Shelter-in-place • Evacuation • Severe weather • Hazardous environmental conditions • Bomb threats • Suspicious bags/packages • Fire • Workplace violence 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you interact with law enforcement and neighboring businesses/facilities on issues of security and crime trends that might affect everyone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are floor plans printed or in electronic form and shared with local Police, Fire & Tactical teams?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergencies Comments:	