

Date: _____

APHIS Region: East West

Facility Name: _____

Point of Contact : _____

Facility Address: _____

E-mail: _____

Phone: _____

Fax: _____

City

State

Zip Code

Note: The information requested below should reflect normal security environment and operations on a day-to-day basis. Please use numbers in the brackets when applicable. All entries will be used for databases and input for budgetary and other security associated decisionmaking.

1. This section provides a description of the general physical environment associated with your facility/operation.

D. The following plans are known to exist and are available onsite:

A. Type of Access/Egress to/from the Building

Building Plan Yes No

Floor Plans Yes No

- Paved
- Dirt
- Gravel
- Other (please specify) _____

E. Construction:

Year Completed: _____

Maintenance in Winter Months Yes No

- Exterior Material(s): Brick
- Block
- Concrete
- Glass Exterior
- Metal Panels
- Other _____

Major Highway Within 1 mile 2-3 miles 4-6 miles
 Other: _____

Total Square Footage:
 (Include office, storage, and circulation space)

Nearest Major City (Airport, Railhead, Bus terminal):
 Name of City:
 Name of Airport:

Total Number of Floors
 Above Ground:

B. Characteristics of Surrounding Area:

- Rural
- Industrial
- College Campus
- Neighborhood

Total Number of Floors
 Below Ground:

C. Facility Description:

- Federal Courthouse Only
- Multi-Tenant Federal Building
- Single Tenant Federal Building
- Multi-Tenant Leased Building
- Single Tenant Leased Building
- Other _____

Total Number of **Building** Occupants:

Total Number of **APHIS** Occupants:

Total Number of **USDA** Occupants:

Total Number of Daily Visitors (Estimate):

F. Critical USDA Areas in Operation:

- Classified Processing Area
- Chemical Storage Area
- Research Lab
- Network System (Computer) Room
- Weapons Storage Area
- Ammunition Storage
- Explosives Storage
- Aircraft Operations/Hangars/Parking
- Government Vehicles _____
- Day Care Center
- Outside Playground Area
- Other _____

G. Public Access:

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

H. Onsite Parking Description (check all that apply):

- No on-site Parking Available
- Underground Parking
- Above Ground Parking
- Public/Visitor Parking
- Controlled Public/Visitor Access
- Controlled Employee Access
- Security Guard
- Automated/Electronic Control
- Vehicle Barrier(s)

I. Perimeter Security (check all that apply):

- No Alarm System
- Alarm System:
 - Operational
 - Non-operational
 - Partially Operational (specify)
 - Alarmed Doors
 - Alarmed Windows
 - Other
- Alarms monitored by:
 - GSA
 - US Marshal Service
 - Private/Contract Security
- Video Surveillance (e.g., CCTV)
 - Operational
 - Non-operational
 - Partially Operational
 - Locally Monitored
 - Remotely Monitored
 - Video Recording
- Exterior Roving Patrol by:
 - GSA FPOs
 - GSA Contract Guards
 - Owner/Lessor Provided Security Guards
 - Other – County Police
- Exterior Barriers
 - Operational
 - Non-operational
 - Concrete
 - Bollards
 - Fences
 - Vehicle Gate Control
 - Planters
 - Other None

Are dumpsters located on site in a secured area?

- Yes No Unknown

J. Emergency Planning

(1) Occupant Emergency Plan:

Does this building have an Occupant Emergency Plan?

- Yes No Unknown

(APHIS has plan for their space, other tenants unknown.)

What portions of the plan have been practiced?

- The plan has never been practiced
- Fire Drills
- Natural Disaster (i.e., weather, flood, etc.)
- Bomb Threats
- Other (specify): _____

(2) Reasons the Occupant Emergency Plan was executed (check all that apply):

- The plan has never been practiced
- Fire
- Natural Disaster (i.e., weather, flood, etc.)
- Bomb Threat
- HAZMAT Event
- Biochemical Event
- Event Associated with Weapons/Explosives
- Vehicle/Aircraft Accident
- Other (specify): _____

K. Security Guards: *If your site is the recipient of security guard protection, please enter the total number of guards and number of weekly hours of coverage, as appropriate. Please check all that apply.*

<u>Type</u>	<u>Number</u>	<u>Hours</u>
<input type="checkbox"/> No Security Guard Service		
<input type="checkbox"/> GSA FPO Response/Patrol	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> US Marshal Service Court Security Officers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> GSA Contract Guards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Owner/Lessor Provided Security Guards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

L. Security Systems (please check all that apply):

(1) Monitoring Systems:

- Duress Alarms
 - Perimeter
 - Interior
- Other Alarms (specify): _____
- CCTV
 - Perimeter
 - Interior
- Remote Monitoring Facility
- Security Console on Site
 - Hours console monitored.

(2) Areas Monitored by Electronic Means (please check all that apply):

- Lobbies
- Parking
- Stairwells
- Garages
- Building Perimeters
- Other (specify) _____
- Secured Corridors
- Office Doors
- Security Screening Posts
- Interior Security Patrol Areas
- Building Entrances

M. Utilities (please check all that apply):

(1) Emergency Power:

- Generator
- Battery Operated Lighting

(2) Fire Detection/Suppression System:

- Complete (all areas of all buildings)
- Partial (specify): alarm tied to fire station _____
- None

2. This section focuses on criminal and terrorist threats.

A. Criminal Threat. *What criminal activities have occurred in or around your building/facility in the past 2 years? Please check all that apply.*

- Arson
- Bombing
- Theft
- Rape/Sexual Assault
- Other Felony/Misdemeanor (please specify): _____
- Vandalism
- Telephone Threats
- Malicious Destruction
- Cyber Attack

B. Terrorist Threat. *What terrorist activities have occurred in or around your building/facility in the past 5 years (documented cases)? Please check all that apply.*

- Attack from international terrorists
- Attack from domestic special interest terrorists
 - Earth Liberation Front (ELF)
 - Animal Liberation Front (ALF)
 - People for the Ethical Treatment of Animals (PETA)
 - Animal Defense League (ADL)
 - Stop Huntingdon Animal Cruelty (SHAC)
 - Formal hate group(s) (please specify): _____
 - Other (please specify): _____

Cyber Attack from a known or unknown source.

C. Greatest Threat or Danger. *What do you consider the greatest source of danger to your organization and/or fellow workers? Please check all that apply.*

- Attack from international terrorists.
- Attack from domestic special interest terrorists
 - Earth Liberation Front (ELF)
 - Animal Liberation Front (ALF)
 - Animal Defense League (ADL)
 - People for the Ethical Treatment of Animals (PETA)
 - Stop Huntingdon Animal Cruelty (SHAC)
 - Formal hate group(s) (please specify): _____
 - Other (please specify): _____

- Cyber attack from a known or unknown source
- Stranger(s) accessing your building/site
- Disgruntled/Unstable co-worker(s)
- Work Stress
- Arson
- Assault
- Theft
- Bombing
- Other Felony/Misdemeanor (please specify): _____

3. Miscellaneous.

<u>Yes</u>	<u>No</u>	<u>Unknown</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building/site has animals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site is closing within 1 year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site is scheduled for major modifications within 18 months

Additional Comments (to include a brief description of activities conducted at location):
