

M

TAB

TAB

TAB

TAB

**PHYSICAL SECURITY SURVEY REPORT**

For use of this form, see AR 190-13; the proponent agency is DCSPER.

*Requirement Control Symbol  
CSGA-1672*

1. REPORT NUMBER

2. DATE(S) OF SURVEY

3. NAME AND LOCATION OF INSTALLATION SURVEYED

4. PREPARING AGENCY

5. NAME AND RANK OF INSTALLATION COMMANDER

6. NAME AND RANK OF PROVOST MARSHAL/SECURITY OFFICER

7. NAME(S) OF SURVEY PERSONNEL (*Grade, Rank, Title, and Organization*)

8. REPORT NUMBER AND DATE OF LAST SURVEY

**PART I - INSTALLATION DESCRIPTION**

9. INSTALLATION ACREAGE

10. NUMBER OF MILITARY ASSIGNED

11. NUMBER OF CIVILIANS EMPLOYED

12. NUMBER OF TENANT ACTIVITIES

13. NUMBER OF BUILDINGS

14. TYPE INSTALLATION (*Check One*) OPEN CLOSED LIMITED ACCESS (*Temporary*)

15. INSTALLATION MISSION

16. LIST AREAS CONSIDERED TO BE CRITICAL OR VULNERABLE:

a. CRITICAL OR VULNERABLE AREAS	b. PROTECTION REQUIREMENTS	c. PROJECT IMPLEMENTATION

**PART II - PHYSICAL SECURITY PERSONNEL**

17. SECTION A - GUARDS

18. SECTION B - PHYSICAL SECURITY INSPECTORS

17. SECTION A - GUARDS			18. SECTION B - PHYSICAL SECURITY INSPECTORS		
TYPE	AUTH	ASGD	TYPE	AUTH	ASGD
a. MILITARY POLICE			a. MILITARY		
b. MILITARY (NON-MP)			b. CIVILIAN		
c. CONTRACT CIVILIAN GUARDS					
d. DOD CIVILIAN GUARDS					
e. GSA GUARDS					
f. FOREIGN DIRECT HIRE					
g. FOREIGN CONTRACT					
h. OTHER ( <i>Specify</i> )					
i. TOTAL					

PART III - PHYSICAL SECURITY PLANNING

	YES	NO
19. HAS AN INSTALLATION PHYSICAL SECURITY THREAT STATEMENT BEEN PREPARED?		
20. HAVE SUBORDINATE UNITS OR TENANT ACTIVITIES BEEN PROVIDED A COPY?		
21. IS THERE AN INSTALLATION PHYSICAL SECURITY PLAN?		
a. DOES THE PLAN COVER PHYSICAL SECURITY FOR PEACETIME, MOBILIZATION, AND WARTIME?		
b. DOES THE PLAN INCLUDE ANNEXES FOR COUNTERTERRORISM, BOMB THREATS, ADP PLANS, AND WORK STOPPAGE PLANS AND INSTALLATION CLOSURE?		
22. DOES THE INSTALLATION PHYSICAL SECURITY PROGRAM SUPPORT OPERATIONS SECURITY AND CRIME PREVENTION PROGRAMS?		
23. IS PHYSICAL SECURITY INCLUDED IN INSTALLATION CONTINGENCY AND EXERCISE PLANS?		
24. BRIEFLY EXPLAIN "NO" ANSWERS OF ITEMS 19 THROUGH 23		

25. FINDINGS/RECOMMENDATIONS

26. SURVEYING OFFICIAL'S EVALUATION

27. OVERALL EVALUATION OF PHYSICAL SECURITY PROGRAM

\_\_\_\_ EXCELLENT                      \_\_\_\_ GOOD                      \_\_\_\_ POOR

28a. SURVEY OFFICER (Name, Grade, Organization)

b. SIGNATURE

c. DATE

29a. APPROVING AUTHORITY (Name, Rank, Title)

b. SIGNATURE

d. DATE

30. DISTRIBUTION

31. DATE COMMANDER'S REPORT OF CORRECTIVE ACTION RECEIVED