

PHYSICAL SECURITY SURVEY REPORT

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

*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

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?	<input type="checkbox"/>	<input type="checkbox"/>
20. HAVE SUBORDINATE UNITS OR TENANT ACTIVITIES BEEN PROVIDED A COPY?	<input type="checkbox"/>	<input type="checkbox"/>
21. IS THERE AN INSTALLATION PHYSICAL SECURITY PLAN?	<input type="checkbox"/>	<input type="checkbox"/>
a. DOES THE PLAN COVER PHYSICAL SECURITY FOR PEACETIME, MOBILIZATION, AND WARTIME?	<input type="checkbox"/>	<input type="checkbox"/>
b. DOES THE PLAN INCLUDE ANNEXES FOR COUNTERTERRORISM, BOMB THREATS, ADP PLANS, AND WORK STOPPAGE PLANS AND INSTALLATION CLOSURE?	<input type="checkbox"/>	<input type="checkbox"/>
22. DOES THE INSTALLATION PHYSICAL SECURITY PROGRAM SUPPORT OPERATIONS SECURITY AND CRIME PREVENTION PROGRAMS?	<input type="checkbox"/>	<input type="checkbox"/>
23. IS PHYSICAL SECURITY INCLUDED IN INSTALLATION CONTINGENCY AND EXERCISE PLANS?	<input type="checkbox"/>	<input type="checkbox"/>
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