



**CAPITAL DISTRICT OAHU MASTER PLAN &
DAGS-MANAGED BUILDINGS AND PARKING STATEWIDE MASTER PLAN**
Security Assessment - Individual Organization Questionnaire
 DAGS Job No. 12-10-0710 & 16-10-0795

Building: _____ Room: _____

Organization/Office: _____

Information provided by (name): _____

Job Title: _____

Phone: _____ Email: _____

The following questions seek to obtain a general understanding of occupants' employee-to-customer operations and services, and how the areas under the Department of Accounting and General Services' (DAGS') control in DAGS managed facilities are impacted. These areas include, but are not limited to: the building perimeter, surrounding grounds, common areas such as lobby and corridors, primary office entries, and parking. The responses will help to identify areas and functions which will need to be examined further for general security needs of the facility.

1. Public Interface

- a. How many visitors (general public) does the office see each day? Average number or percentage of scheduled appointments versus unscheduled? If visitations are cyclical, please provide information for both peak and off-peak cycles, and the frequency and duration of peak periods.

- b. What is the general nature of the visits? i.e. Requests/application for services or benefits, Payment of fees, General inquiries/requests for information or records, Consultations Training/rehabilitation, Complaints, etc. List all that apply.

- c. Average duration of these interactions?

- d. Average number of persons waiting for service and average wait time?

2. Staff Safety

- a. Is access to the office controlled or monitored? Are there protocols for access/visitation? (i.e. sign in sheet, issuance of visitor badges, etc.)

- b. Are your customers likely to experience high levels of stress or tension? Do members of the general public who come into the office tend to be argumentative?

- c. Have there been threats or incidents of violence involving the public in the past? Have these incidents escalated to require intervention by contracted security, the police or State sheriff? Any documentation regarding circumstances and/or frequency of occurrence?

- d. Describe any issues or concerns with homeless individuals in or around the facility, including details regarding frequency, time of day, etc.

3. Building Access

- a. Is access to the building controlled or monitored? Are there protocols for access or does the public have general access to the facility?

- b. Indicate or describe if there are areas that the general public is restricted from. Are there other areas where access should be restricted that may not be currently?

- c. Have there been incidents of unauthorized access after-hours? Frequency or documentation of previous incidents?

- d. Is access to the parking area restricted, controlled, or monitored during non-work hours?

- e. Are there offices that operate or functions that occur during non-standard office hours? Describe the nature of these operations.

- f. Is there a need for monitoring of items delivered to or picked-up from the building? If so, what are they and what is the frequency?

4. Environmental or Geographic factors

- a. Is the building located in an area with high visibility from passing traffic? Are there areas open to the public that are hidden or obstructed from street view?

- b. Indicate or describe any areas where lighting for the building or public areas/walkways are insufficient after business hours.

- c. Are there security cameras or security patrols currently in place to monitor the facility after-hours and what areas?

- d. Are there issues with vandalism or theft in or around the building? Any issues with break-ins, of either offices or cars?

- e. Are there state or personal vehicles that remain during non-work hours? Are they in a secure lot?

5. Other Items

- a. Are there other security concerns you would like the team to be aware of?