

HOME SECURITY RISK ASSESSMENT

Security Assessment Address: _____

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does home have an alarm system? <i>(Exterior yard signs and window decals, audible alarm)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitored by alarm company? <i>(Most homeowners insurance companies provide discount)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does home have exterior security lighting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the perimeter of the home have foliage that obscures clear sightlines to windows/doors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does home/buildings have perimeter fences/gates <i>(Gates secured, wall height)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does home have a dog(s)? <i>(Posted signs warning of dog)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your neighborhood have a Neighborhood/Community Watch Program? <i>(Are you a member?)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does home have *enhanced hardware for locks and windows

**Deadbolts, top/bottom door pins, window track locks, functioning peepholes or CCTV monitoring*

How many family members/occupants are at residence at any given time during each period below?

Day (Sunrise to 5:00 PM) _____ Evening (5:00 PM to 11:00 PM) _____ Night Shift (11:00 PM to Sunrise) _____

Describe any losses due to theft or vandalism that have occurred in the last year.

What is the estimated value of lost items? _____

Has LA Co Sheriff's Department been called to **your** residence for any disturbances (such as suspicious circumstances, crimes, etc.) in the past year?

Yes No If yes, any at all, how many? _____

Has LA Co Sheriff's Department been called to **a neighbor's** residence for any disturbances (such as suspicious circumstances, crimes, etc.) in the past year?

Yes No If yes, any at all, how many? _____

Describe reason why you are conducting this self initiated Home Security Assessment.

Prepared by _____ Date of Survey _____

Neighbors Interviewed _____, _____, _____

RESULTS OF AUDIT SHOULD BE SHARED WITH TRUSTWORTHY INDIVIDUALS ONLY