

**Wisconsin Rural Water Association
Water Utility
Emergency Preparedness Facility Assessment Form**

Facility _____ **Location** _____

OVERALL PROPERTY SECURITY

Assess the security of the property on which the component of the facility is located, taking into account such factors as where the component is located and how difficult it would be for someone to gain entry to, or conduct activities on the property without being noticed.

Property Security Assessment	Yes	No
Location		
Visible from road.....	_____	_____
Visible from neighboring properties.....	_____	_____
Employees present during day.....	_____	_____
People present during day.....	_____	_____
Employees present after hours.....	_____	_____
People present after hours.....	_____	_____
Nearby security (dogs, private security guards).....	_____	_____
Periodic patrol by law enforcement.....	_____	_____
Facility neighbors informed of security issues.....	_____	_____
Facility neighbors provided with contact information.....	_____	_____
Fencing		
Fencing.....	_____	_____
Security Fencing.....	_____	_____
Locked when personnel not present during working hours.....	_____	_____
Locked during non-working hours.....	_____	_____
Signage		
No trespassing or restricted entry signs posted.....	_____	_____

FACILITY SECURITY

Assess the security of this facility, taking into account how difficult it would be for someone to gain entry to the facility itself and if entry or attempted entry would be detected.

Facility Security Assessment	Yes	No
Entry		
Entry areas visible.....	_____	_____
Area free of objects that could be used for entry.....	_____	_____
Security doors.....	_____	_____
Security door locks/lock guards.....	_____	_____
Doors locked at all times.....	_____	_____
Entry keys available only to employees.....	_____	_____
Deliveries to facility monitored.....	_____	_____
Secure windows.....	_____	_____
Windows closed & locked at all times.....	_____	_____
No other points of entry present.....	_____	_____
Other points of entry secured.....	_____	_____
No trespassing/restricted entry signs posted.....	_____	_____
Security Lighting		
Exterior.....	_____	_____
Interior.....	_____	_____

Facility Security Assessment (cont.)

Yes No

Alarm System

Failure.....	_____	_____
Entry.....	_____	_____
Fire.....	_____	_____
Alarm to utility personnel.....	_____	_____
Alarm to emergency response personnel.....	_____	_____

Backup Power Supply

Generator.....	_____	_____
Motor.....	_____	_____
Automatic transfer.....	_____	_____

Controls and Communication

Back-up/Alternate Control System.....	_____	_____
Alternate SCADA Communication Procedure.....	_____	_____
Back up plan for manual system operation in event of loss of all auto controls.....	_____	_____

Treatment

Full time chlorination.....	_____	_____
Emergency chlorination.....	_____	_____
Emergency chlorine supply on hand.....	_____	_____
Chlorination equipment capable of emergency chlorination.....	_____	_____
Employees trained in emergency chlorination.....	_____	_____
Other treatment- Type _____.....	_____	_____

Comments

Date _____

Inspected By _____