

## Grippa Survey Tools

# Manager's Security Assessment Sheet



# Crime Management Survey

To be completed by Manager of venue

Name of Venue \_\_\_\_\_

Street/Location \_\_\_\_\_

## **1. Security Management**

**Do you have a current crime incident recording system?** Y / N

**If yes, which of the following does it record (circle all that apply)?**

*Accidents/Injuries*

*Problem' people (e.g. banned or homeless)*

*Theft*

*Drug Use*

*Violence against staff*

*Lost property*

*Other (please specify) \_\_\_\_\_*

**What is done with this information (circle all that apply)?**

*Recorded on paper*

*Recorded by email*

*Communicated at staff meetings on premises*

*Collated*

*Analysed/Mapped*

*Shared with crime prevention practitioners*

*Sent to Head Office*      *Other (please specify) \_\_\_\_\_*

**What level of contact do you have with the police?**

*More than once a week*

*More than once a month*

*Every 2-4 months*

*Every 4 to 6 months*

*Every 6 to 12 months*

*Less than once a year*

*Only as part of routine police visits*

*Only when crime prevention inspections occur*

*Never in contact*

**If you are in contact which type of officer has visited (circle all that apply)?**

*Community Police Officers*

*Crime Prevention Officers*

*Special Constables*

*Safer Neighbourhoods team*

*Other (please specify) \_\_\_\_\_*

*Don't know*

**Do you have an official policy on what to do in the event of theft?** Y / N

**Please list any community groups or local initiatives you are involved with \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

## **2. Staff Training**

**Do you train your staff on handling incidents of crime?** Y / N

**Do you train your staff in conflict management such as dealing with difficult customers?** Y / N

**Do you train your staff on recording incidents of crime?** Y / N

**Do you train your staff on using crime prevention measures?** Y / N

**Do you have guidance documentation on crime prevention for your staff?** Y/ N

**Do you have meetings with your staff concerning crime prevention?** Y/ N

**3. Crime Prevention**

**Which of the following security measures do you have (please circle all that apply)?**

*CCTV (internal)*

*CCTV (external)*

*Crime prevention literature on display*

*Burglar alarm*

*Window locks / door locks*

*Staff operated entry system*

*Bouncers/ door men*

*Staff panic button*

*Customer cloakroom for bags and coats*

*Regular toilet checks*

*Staff positioned to enable monitoring*

*Mirrors*

*Furniture/fittings positioned to enable monitoring*

*Bag hooks- Chelsea grips (please specify approx how many)* \_\_\_\_\_

*Bag hooks- other (please specify type and approx how many)* \_\_\_\_\_

*Other (please specify)* \_\_\_\_\_