

Date: _____

Supplier Name: _____

Contact Name: _____

Address: _____

Contact email: _____

Country: _____

Contact phone: _____

Is your company C-TPAT certified or validated? Y or N

SVI # _____

If YES, the remainder of the survey does not need to be completed. Please provide SVI # above.

1 Physical Security

Do you have access controls in place to prevent unauthorized entry?

Indicate
Yes or No
Only

a.	Are all your building constructed of materials which resist unlawful entry and protect against intrusion? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Do all your buildings have adequate locking devises on external and internal windows and doors? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Are all your facilities enclosed by fencing? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Is adequate lighting provided inside and outside the facility at all entrances/exits, cargo handling/storage areas, fence lines, and parking areas? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
e.	Do you have Video camera surveillance/alarm systems at all entrances to your facility as well as receiving and loading docks? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Do you have 24 hr. 7-day-per-week security guards on the premises? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Do you conduct periodic inspections of building, fencing, lighting, and gate entrances for damage or compromise? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Are the gates through which vehicles and/or personnel enter or exit monitored or manned? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	How many gates are on your facilities? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Is the number of gates the minimum number necessary for proper access and safety to facilities? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Are all locks and keys to facilities controlled by management or security personnel? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Are international, domestic, high-value, and dangerous goods segregated within the warehouse by a safe, caged, or otherwise fenced-in area? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 - Employees, Visitors, and Supplier Access Control

Do you have access controls in place for authorized entry?

a.	Do you provide a parking area for private vehicles that is separated from the shipping, loading dock and cargo areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Do you require positive identification and tracking for all employees, visitors, and vendors at all points of entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Do you have procedures for issuance and removal of employee, visitor, and vendor identification badges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Do you have procedures for the issuance, removal, and changing of access devices (e.g. keys, key cards, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Do you have procedures to identify, challenge, and address unauthorized/unidentified persons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
f.	Are incoming packages and mail periodically screened before being delivered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Are visitors escorted by employee or approved personal while in facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3 - Personnel Security

Do you have procedures in place to monitor personnel security?

a.	Do you conduct security awareness training and threat awareness classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Do you conduct employment screening and background checks on prospective employees as allowable by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Are employee's references and employment history verified prior to hiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Are terminated employee required to turn in there identification badges/keys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Are employees denied access to facilities and systems upon terminations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Is employment security criteria the same for everyone or is security criteria more stringent the more sensitive the employees position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Are periodic checks and reinvestigations performed on current employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4 - Education, Training, and Awareness

Are employeee aware and trauned in the importance of security procedures?

a.	Do you now or do you intend to have a security awareness program for employees for the recognition of internal conspiracies, maintenance of cargo integrity and identifying and addressing unauthorized access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
b.	Do training programs offer incentives for active employee participation in security controls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
c.	Does your company have an Ethics/Business Abuse policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		

d	Does your company have a reward/integrity hotline for reporting of illegal/suspicious activity by employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		

5 - Container Security (if applicable)

Do you have procedures in place to protect against the introductions of unauthorized material and/or persons?

a.	Do you have a procedure in place to verify the physical integrity of the container structure prior to stuffing, including the reliability of the locking mechanisms of the doors? Do you use the 7 point container inspection? Please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
b.	Do you have procedures stipulating how seals are controlled from the time they are picked up to affixing to loaded containers? Please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
c.	At point of stuffing, do you have procedures in place to properly seal and maintain the integrity of the shipping container?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Are designated employees only responsible for the distribution of seals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Do you mark and segregate international product?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Do you have a designated personnel to supervise the stuffing of cargo into containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Do you have a proper storage area for empty and full containers to prevent unauthorized access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Are containers being secured and sealed in accordance with US C-TPAT security procedures set forth by US Customs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Does the facility apply ISO-compliant high security seals to containers at the factory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	How do you maintain transportation security in order to protect against the introduction of unauthorized personnel and materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
l.	What is your procedure of reporting cases in which unauthorized personnel, unmanifested materials, or signs of tampering are discovered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
m.	Is there a procedure for neutralizing unauthorized entry into containers or container storage areas? Please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		

6 - Procedural Security

Do you have processes in place to ensure integrity and security of the cargo in the supply chain?

a.	Do you have processes in place to ensure that all documentation is adequate and appropriately represents the cargo being shipped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
b.	Do you have controls to ensure safeguarding of computer system access, such as password protection and computer security training, which includes disciplinary plans for violators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:		
c.	Do you have controls in place to ensure the security of business data or other information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

d.	Do you conduct annual self-assessments on security controls as outlined above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e	What procedure do you have to ensure that manifests are complete, legible, accurate, and submitted in a timely manner? Please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		

7 - Information Technology Security

Do you have information technology security policies enforcement?

a	Do all employees that access the automated system use individually assigned accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
b.	Do employee's individual accounts require a periodic change of password? Please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:		
c.	Is there training in place for employees regarding security policies, procedures and standards? Please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		
d.	Is there a system in place that will identify the abuse of IT including improper access, tampering or the altering of business data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment::		
e	Are there disciplinary actions in place for employees who violate or abuse the IT system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comment:		

8 - Additional Security Controls

Please describe any additional security controls that are utilized at the facility that have not been identified in the above secitons.

Survey completed by (Name/Title)
Corporate Officer
Date: _____

Name

Title

Signature: _____