

# RETAIL SAFETY CHECKLIST

## Safety Recommendations for Employers

For:

Date:

Conducted by:

Environmental Factors	YES	NO	N/A
Do employees exchange money with the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the business open during the evening or late night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the business located in a high-crime area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the site experienced a robbery in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the site experienced other violent incidents in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the site experienced threats, harassment or other abusive behaviour in the past three years from customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Engineering Controls	YES	NO	N/A
Do employees have access to a telephone with an outside line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are emergency telephone numbers posted adjacent to the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the entrance to the building easily visible from the street and free of heavy plant growth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the lighting bright in the car park and adjacent areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all indoor lighting fixtures working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are windows and views to the outside and inside clear of advertising and other obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the cash register in plain view of customers to deter robberies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a working drop safe or time access safe to minimise cash on hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are security cameras and mirrors placed in locations that would deter thieves or provide greater security for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there height markers on exit doors to help witnesses provide more complete descriptions of assailants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees protected through the use of bullet-resistant enclosures in locations with a history of robberies or assaults in high-crime areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administrative and Work Practice Controls	YES	NO	N/A
Are there emergency procedures in place to address robberies and other acts of potential violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been instructed to report suspicious behaviour or persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees properly trained on emergency responses for robberies and other crimes that may occur on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees trained in conflict resolution when faced with violent situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cash control a staple in the violence and robbery prevention programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the site have a policy concerning the number of cash registers open during evening hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the site have a policy requiring less than £50 in the cash register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are signs posted notifying the public that limited cash is on hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do employees work with at least one other co-worker throughout the entirety of their shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there protective measures in place for employees who must work alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there procedures in place to ensure the safety of employees who open and close the establishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Incident Report and Suspect Description Form

Incident #: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Telephone Number: \_\_\_\_\_

Person Reporting and Title: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Complete the following A = Employee; B = Customer; C = Other

1. Death \_\_\_\_\_
2. Robbery \_\_\_\_\_
3. Shooting \_\_\_\_\_
4. Robbery/Injury \_\_\_\_\_
5. Assault \_\_\_\_\_
6. Sexual Assault \_\_\_\_\_
7. Theft \_\_\_\_\_
8. Vandalism \_\_\_\_\_
9. Embezzlement \_\_\_\_\_
10. Other \_\_\_\_\_

Amount of Loss: Currency = £ \_\_\_\_\_ Merchandise = £ \_\_\_\_\_

Weapon Used (circle):

1. Firearms
2. Knives
3. Other weapon
4. Physical force

Number of employees present at time of incident: \_\_\_\_\_

Is the incident captured on video surveillance? \_\_\_\_\_

Was the video tape released to police? \_\_\_\_\_

Description of Suspect #1: \_\_\_\_\_

Description of Suspect #2: \_\_\_\_\_

Description of Suspect #3: \_\_\_\_\_

Description of Incident:

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Was the news media at the location? \_\_\_\_\_

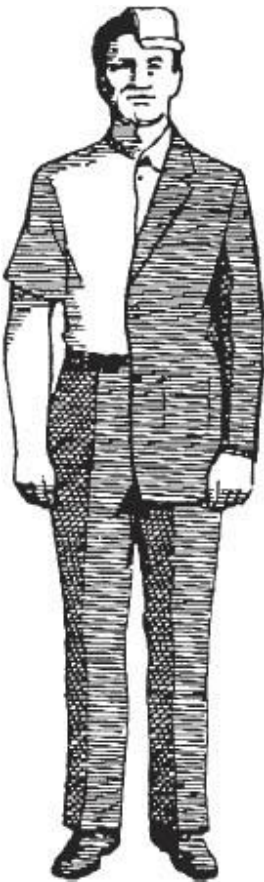
Was a police report made? \_\_\_\_\_

Name of officer handling incident: \_\_\_\_\_

Report number: \_\_\_\_\_

Name of person notified: \_\_\_\_\_

Suspect Description

Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Race White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/>	Age
Height		Left/Right Handed
Weight		Hat (Colour/Type)
Hair (Colour/Style)		Tie
Eyes		Jacket
Glasses Type		Shirt
Tattoos		Trousers
Scars/Marks		Shoes
Complexion		Weapon
Facial Hair		Accent

Indicate Type Weapon Used (draw if necessary):

Additional Information - Be Specific

What did the suspect say?

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Suspect's Vehicle (Number Plate/Make/Colour):

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Police Notified                      Yes \_\_\_              No \_\_\_

Person Notified                      \_\_\_\_\_

Police Badge #                      \_\_\_\_\_

Case Number                      \_\_\_\_\_

Supervisor Notified                      Yes \_\_\_              No \_\_\_

Name of Witness #1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Witness #2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Witness #3: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Cashier or Attendant on Duty: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Report: \_\_\_\_\_