Name of facility:



Location:

Visit date:

Person/s making the assessment:

**Hotel Security**

* Who has primary responsibility for providing security support to your hotel (i.e. police, private contractor, hotel security staff)? (Please provide contact details at the end)

|  |
| --- |
| Please describe: |

* What standard measures are in place for controlling access to the hotel?

|  |
| --- |
| Please describe: |

* If there are security staff/guards:
  + Are they armed?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* + How visible are they (seen occasionally or high profile)?

|  |
| --- |
| Please describe: |

* + Do they patrol the grounds and floors or stay at certain positions (where)?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* Are there cameras, what areas do they cover (all entrances and exits, hallways, etc.?)

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* What steps will the hotel take to specifically ensure access control to our meetings and event?

|  |
| --- |
| Please describe: |

* Has the hotel been affected by any electricity issues such as blackouts in recent months?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* Is there a backup power supply? (Can it power air conditioning, is there back-up lighting, etc.)

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* What type of fire management is in place?
  + Fire extinguishers at strategic points on each floor?
  + Smoke alarms in every room?
  + Clear signs in public areas and in rooms showing emergency evacuation procedures?

|  |
| --- |
| Please describe: |

* What is the emergency evacuation procedure?

|  |
| --- |
| Please describe: |

**Health and Safety**

* What types of medical facilities are on site?
  + First aid kits (on each floor, etc)?
  + Staff trained on first aid? (Hotel doctor or nurse? Please list name and contact details at end.)
  + Defibrillators?

|  |
| --- |
| Please describe: |

**Room security (ask to go in and see one or two rooms, especially those on the ground floor)**

* Do all rooms have secure locks? Do rooms have an additional lock/latch on the inside?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* Is there somewhere that guests can secure valuables (safes, etc)?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* Are ground floor apartments secure (bars/locks on window, etc.)?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* Are there any exposed wires, damaged plug sockets, etc?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

**Security history**

* What type of high profile visitors or events has taken place at the venue in recent months?

|  |
| --- |
| Please describe: |

* What other events or high profile guests are staying **during** our event?

|  |
| --- |
| Please describe: |

* Have any other hotels/venues in the area had any security issues or threats?

|  |
| --- |
| Please describe: |

* What type of recent security issues has this hotel/venue faced? (Theft, etc.)

|  |
| --- |
| Please describe: |

* Has there been any information, either general or specific, about a threat to the hotel/venue or staff?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

**Local area**

* Are there any known ‘hot spots’ nearby the hotel/venue? (Examples include universities, embassies, ministries, and major religious buildings)

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* How close is the nearest hospital? (Name, location, direct phone number)

|  |
| --- |
| Please describe: |

* How close is the nearest police station? (Name, location, direct phone number)

|  |
| --- |
| Please describe: |

* Are there any areas nearby those guests should avoid, particularly at night?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

* Are there certain forms of transportation that guests should avoid?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Comments: |

**Other important information observed/disclosed:**

**Key contacts in the hotel**

|  |  |  |
| --- | --- | --- |
| **Key contact details** | | |
| **Name** | **Role** | **Contact details** |
|  | Hotel Manager |  |
|  | Security contact point |  |
|  | Medical contact point |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |