

NAME OF CITY  
NAME OF DEPARTMENT

*If you have a logo it  
can be placed here or  
on the opposite side.*

P.O. Box 999  
9999 Main Highway  
City, ST 99999  
(555) 555-5555  
Fax (555) 555-5555

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**HOME SECURITY SURVEY**

**DOORS**

- |  | Yes                      | No                       |        |
|--|--------------------------|--------------------------|--------|
| 1. Does door have 180' peep hole?  | <input type="checkbox"/> | <input type="checkbox"/> | S      |
| 2. Are locks that can be opened from inside at least 40 inches from glass? | <input type="checkbox"/> | <input type="checkbox"/> | A<br>M |
| 3. Are entrance doors solid core?  | <input type="checkbox"/> | <input type="checkbox"/> | P      |
| 4. Do they have dead bolt locks?   | <input type="checkbox"/> | <input type="checkbox"/> | L<br>E |
| 5. If hinge pins are outside, are they non-removable?                      | <input type="checkbox"/> | <input type="checkbox"/> | F      |
| 6. Does door securely fit door jam?  | <input type="checkbox"/> | <input type="checkbox"/> | O      |
| 7. Is door jam tightly fastened?   | <input type="checkbox"/> | <input type="checkbox"/> | R<br>M |
| 8. Is strike plate securely fastened to door jam?                          | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 9. Does bolt extend sufficiently into strike plate?                        | <input type="checkbox"/> | <input type="checkbox"/> | S<br>A |
| 10. Have locks been rekeyed since you moved in?                            | <input type="checkbox"/> | <input type="checkbox"/> | M<br>P |

**WINDOWS**

- |   |                          |                          |        |
|---|--------------------------|--------------------------|--------|
| 11. Have double hung windows been pinned?             | <input type="checkbox"/> | <input type="checkbox"/> | L<br>E |
| 12. Do metal windows have auxiliary locks?            | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 13. Can windows left open for ventilation be secured? | <input type="checkbox"/> | <input type="checkbox"/> | F<br>O |
| 14. Do basement windows have auxiliary locks?         | <input type="checkbox"/> | <input type="checkbox"/> | R<br>M |
| 15. Do curtains or drapes fully cover window?         | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 16. Is window air conditioner secured from inside?    | <input type="checkbox"/> | <input type="checkbox"/> | S<br>A |

**GARAGE**

- |  |                          |                          |        |
|--|--------------------------|--------------------------|--------|
| 17. Does door close tightly?                                     | <input type="checkbox"/> | <input type="checkbox"/> | M<br>P |
| 18. Does overhead door have a track padlock?                     | <input type="checkbox"/> | <input type="checkbox"/> | L<br>E |
| 19. Is padlock of high quality?                                  | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 20. Is hasp of high quality, installed without screws showing?   | <input type="checkbox"/> | <input type="checkbox"/> | F<br>O |
| 21. Do you keep overhead door closed and locked when not in use? | <input type="checkbox"/> | <input type="checkbox"/> | R      |
| 22. Do you remove vehicle keys when garage is locked?            | <input type="checkbox"/> | <input type="checkbox"/> | M      |
| 23. Can garage light be turned on from inside home?              | <input type="checkbox"/> | <input type="checkbox"/> |        |

**EXTERIOR**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 24. Do you belong to a NEIGHBORHOOD WATCH PROGRAM ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are shrubs cut above window level?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are tree limbs cut above window level?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Is residence number visible from street?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Can mailbox be locked?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Is front door well lit?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Is back door well lit?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Are bicycles, mowers, ladders kept inside?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you engraved property and put up stickers? | <input type="checkbox"/> | <input type="checkbox"/> |

**VACATIONS**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 33. Do you stop deliveries?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you notify police?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you notify neighbors?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you set light timers?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Is your yard taken care of?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Do you arrange for hand bills to be picked up? | <input type="checkbox"/> | <input type="checkbox"/> |

**ADDITIONAL CRIME CHECKS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 39. If you need a non-lethal weapon for self-protection, do you have a safe, chemical device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. If you have a gun, is it kept secured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you keep most of your cash in the bank?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you keep a list of all valuable property, credit cards and serial numbers?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Do you keep this list in a safe place?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Do you avoid displaying valuables to strangers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Have you memorized the telephone number of your police?                                   | <input type="checkbox"/> | <input type="checkbox"/> |