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**Regional/HQ Security Survey  
August 2007**

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**Ministry of Social Development  
Regional/HQ Security Survey  
Overview**

- Introduction:** Management must make informed decisions on security risks that are directly or indirectly under their responsibility. Within the context of enterprise-wide security management, a security threat and risk assessment will be conducted annually. The Regional/HQ Security Survey is intended to raise awareness, provide baseline information to identify risks and develop action items for mitigation.
- Objective:** To determine the adequacy of current safeguards in regards to effectiveness, efficiency and economy. To recommend additions, modifications or deletion of security measures where appropriate.
- Process:** To be completed annually or during the lease cycle (in conjunction with BLJC WSI QAF – Quality Appraisal Form) process, or new leases.
- Scope:** Physical Security, Information Asset & Technology Security, Physical Safety and Security Awareness
- Document Sections:**
- |           |   |
|-----------|---|
| Section A | Security Action Plan/ Security Survey Regional Report |
| Section B | Survey Overview                                       |
| Section C | Facility Overview                                     |
| Section D | Building Security Checklist                           |
| Section E | Information Asset and Technology Security Assessment  |
- References:** CPPM Chapter 15 – Security. The effectiveness of the security function depends upon the performance of each element of security, as described in the government security policy and the coordination between them.  
CPPM Chapter 12 – Information Management and Information Technology Management. Information systems security is the protection of data, systems, EAC documentation, computer-generated information and facilities from accidental or deliberate threats to confidentiality, integrity or availability.
- The MSD Security Survey and the OHS Violence in the Workplace Environmental Risk Assessment are separate but complimentary initiatives. One does not replace the other; both must be completed.

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### “Section A” Security Action Plan – Instructions

1. Employment and Assistance Centres, Regional Offices, PLMS Offices and HQ units complete the Security Action Plan after the survey has been completed.
2. Under the **Item** column enter all action items.
3. Under the **Priority** column enter whether item is Low, Moderate or High priority.
4. Under **Person Accountable** column indicate the person responsible for initiating and completing action item.
5. Under **Action Required** column briefly describe activity or action needed to control or mitigate the risk.
6. Under **Completion Target Date** enter the estimated date of completion of the action item.
7. Under **Date Completed** enter the date the action item is completed
8. Distribution of Security Action Plans is as follows:
  - EACs forward an electronic copy of the Security Action Plan to the DPRM.
  - PLMS offices forward an electronic copy of the Security Action Plan to the PLMS Business Manager.
  - HQ Units forward an electronic copy of the Security Action Plan to Lannea.MacDonald@gov.bc.ca.

**“Section A” – Security Action Plan**  
 (To be Completed at the end of the Survey)

<b>Office:</b>			<b>Survey Review Team:</b>
<b>Region:</b>			
<b>Date Completed:</b>			

<b>Item</b>	<b>Priority</b>	<b>Person Accountable</b>	<b>Action Required</b>	<b>Completion Target Date</b>	<b>Date Completed</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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## Security Survey Regional Report – Instructions

### **Purpose**

The Regional Report provides measurable information on action items arising from the security survey and identifies key issues and priorities for Information Asset and Technology and Physical Security for each Region, PLMS and Headquarters.

### **Table 1 Survey Action Items**

From information gathered in Security Action Plans indicate the total number of action items that will be the responsibility of:

1. Employment and Assistance Centres (PLMS offices)
2. Regional Office (PLMS HQ)
3. Headquarters.

### **Table 2 Regional (PLMS) Issues and Priorities**

1. From Security Action Plans received from reporting offices copy information into Table 2 for any items that are HQ responsibility. Identify the office where the action item originated.

### **Other Issues**

Identify any other issues related to physical security or security of Information or information assets that are a concern for the region or PLMS.

**Forward electronically completed Security Survey Regional Report to Facilities and Workplace Solutions – [Lannea.MacDonald@gov.bc.ca](mailto:Lannea.MacDonald@gov.bc.ca).**

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**Security Survey Regional Report**

(To be completed by DPRM - Regions and Business Manager - PLMS).

Region  
Contact Person  
Date

**Table 1.**

Survey Action Items Identified	# Items
1. EAC (PLMS Office) Responsibility	
2. Reg. (PLMS HQ) Responsibility	
HQ Responsibility	

**Table 2.**

Item /Office Code	Priority	Person Accountable	Action Required	Completion Target Date
Other Issues				

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**Ministry of Social Development  
Regional/PLMS/Headquarters – Security Survey Instructions**

**Instructions:**

1. Complete all sections of this survey. (**Estimated time for completion is 1- 2 hours**)
2. For “Yes/No” questions click on the box under the appropriate heading. (If the questions do not apply to your office, indicate by clicking on the box under the “N/A” - Not Applicable - column.)
3. Please provide explanatory information under the “Comments” heading at the end of each section when “No” and “N/A” has been checked off and more information is required. The second set of columns, labeled “Low”, “Moderate” and “High”, is to establish the priority rating for each survey action item. Click on the box under the appropriate column for each item. Under the Action Column click on the boxes for those items that are identified for the Action Plan.

**Low Priority** - is low likelihood of occurrence and consequence. E.g. no film on windows in an office in a remote community with no history of break ins.

**Moderate Priority** - is reasonable likelihood of occurring and presents a significant risk to security of assets or staff. E.g., no cyber locks on computers where there has been an office break in and computer theft during the last 2 years.

**High Priority**- is high likelihood of occurrence and high consequences and presents a high risk to security of assets or staff. E.g. poor quality door on server room where there have been 2 break ins to an office in the past month.

4. In the Final Comments section at the end of the survey identify any outstanding concerns that were not captured in the survey.
5. Complete Security Action Plan (Located in Section A at front of survey.)
6. The final version of the survey, including the Security Action Plan, should be completed electronically and forwarded to:
  - Regional Office - for EAC's
  - Business Manager - for PLMS offices
  - Facilities and Workplace Solutions [Lannea.MacDonald@gov.bc.ca](mailto:Lannea.MacDonald@gov.bc.ca) For HQ Facilities

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## SURVEY DEFINITIONS

### **Security Function:**

- Protection:** Means the use of physical, procedural and psychological barriers consistent with the level of risk identified, to deter or delay unauthorized access.
- Detection:** Involves the use of appropriate devices and methods to signal an attempted or actual unauthorized activity.
- Response:** Refers to the reaction of personnel and the involvement of security guards and police.

### **Hours of Operation:**

- Normal Working:** The time during the day when employees are normally at work, starting with the normal arrival in the morning of the first employee and ending with the normal departure time of the last employee. Excludes time of an evening or night shift, time when employees are working later than normal, weekends and legal holidays.
- Access Hrs:** The time when a facility is normally fully occupied and operational.
- Transitional Hrs:** The time in the morning after the first employee normally arrives until a facility is fully operational, and in the evening from the end of normal work until the employees have left, although security, cleaning and building operations employees may be present.
- Silent Hours:** The period when a facility is essentially unoccupied, although security, cleaning and building operations employees may present.

### **Facility Access Control Zones:**

- Public Access Zone:** Uncontrolled areas which can be accessed by the public freely. Normally, these are the grounds of a facility and the public corridors in multi-tenant buildings.
- Reception Zone:** An area which functions as a physical entry point where the initial contact between the public and the ministry occurs, where services are provided, information exchanged and access to restricted zones is controlled. Access could be limited to specific times of day or for specific reasons.

### **Restricted Zones:**

- Operations Zone:** A controlled area where access is limited to persons who work there and to escorted visitors. It is usually a standard working area and offices.
- Security Zone:** A strictly controlled area where access is limited to authorized persons and to properly escorted visitors. A security zone requires additional safeguards.

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**Ministry of Social Development  
Regional/HQ Security Survey  
Section B  
Survey Overview**

Date	_____
Office Code/Name	_____
Location	_____

**Security Review Team – Recommended Composition:**

- Region – SAS, Supervisor, BLJC WSI Representative, Local OHS Committee Representative, Regional Office Representation, if appropriate, e.g. Regional OHS or Regional Facilities Person.
- HQ – Branch Administrator, (FWS) Facility Manager

**For questions or advice please contact:**

- Physical Security (FWS) – Lannea MacDonald (250) 356-7808
- Information Asset and Technology Security (Section E) (IMB) – MSD-Support (604) 660-1636

Security Review Team (List Names, Positions)
Summarize historical security events at this location: (Break-ins, Thefts, Violent Incidents, Vandalism)

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**Ministry of Social Development  
Regional/HQ Security Survey  
Section C  
Facility Overview**

**Survey Questions**

**1. Hours Facility normally occupied by staff:**

Mon. - Fri. \_\_\_\_\_

Other \_\_\_\_\_

Hours Facility open to the public:

Mon. - Fri. \_\_\_\_\_

Other \_\_\_\_\_

**2. FACILITY SURROUNDINGS (Types of business/buildings around the facility)**

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

Comments \_\_\_\_\_

Describe surrounding area \_\_\_\_\_

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**Survey Questions**

**3. ASSETS TO BE PROTECTED (Estimate replacement value of inventory)**

	Quantity	Amount
Work Stations @ \$3,000.00 X # of staff		
Computers @ \$1,500.00 X # of staff		
Laptops @ \$2,000.00 each		
PDA's @ \$900.00 each		
Faxes @ \$750.00 each		
Printers @ \$750.00 each		
Photocopiers @ \$3,000.00 each		
Shredders @ \$400.00 each		
TV's @ \$600.00 each		
VCR's @ \$100.00 each		
Appliances @ Microwave \$100.00 each		
Coffeemaker \$30.00 each		
Refrigerators \$800.00 each		
Vehicles @ \$12,000.00 each		
Cash or negotiable instruments (State petty cash amount and list negotiable items)		
Other assets		
<b>Total:</b>		

Survey Questions	Yes	No	N/A		Low	Moderate	High	N/A	Action
<b>4. EMPLOYEE/CONTRACTOR INFORMATION</b>									
Number of employees and/or contractors who work at this facility Employees _____ Contractors _____									
Are employers and/or contractors security cleared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees and/or contractors required to wear ID cards on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____									
<b>5. PARKING</b>									
Is employee parking provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is parking lot:									
Lighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fenced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrubs adjacent to exit doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead doors & gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____									

Sample

Survey Questions	Yes	No	N/A		Low	Moderate	High	N/A	Action
<b>6. INTRUSION ALARM SYSTEMS</b>									
Does this facility have an									
Alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellemetry system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If, yes, describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motion Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holdup/call button feature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sirens and/or bell (inside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If alarm is installed – Is it monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery back up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a monitored alarm at this facility please include the following:									
(a) Name of Monitoring Company _____									
(b) Address and Tel. number of monitoring company _____									
(c) Annual monitoring costs _____									
(d) Response time _____									
(e) Date of last response time test _____									
(f) Who attends (security runner or police or both) _____									
Comments _____									

Sample

Survey Questions	Yes	No	N/A		Low	Moderate	High	N/A	Action
<b>7. PHYSICAL SAFETY AND SECURITY AWARENESS (As per MEIA JOHS policy - <a href="http://icw.meia.gov.bc.ca/hrunit/ohs/index.htm">http://icw.meia.gov.bc.ca/hrunit/ohs/index.htm</a>)</b> (a) Are Safety and Security Procedures reviewed annually with all employees? (Emergency Procedures and Response)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is security a standing item on monthly OHS committee meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is a WORKPLACE VIOLENCE PREVENTION RISK ASSESSMENT done annually at this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• If YES to “c” - were recommendations made?</li> <li>• When? _____</li> <li>• If NO to “c”, when is Risk Assessment scheduled? _____</li> </ul> Provide details _____ Comments _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. VISITORS</b> Are all visitors greeted at a reception point? Are visitors escorted while on site? Are visitors required to wear visitor ID card? Is a visitor log maintained on site? Comments _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample

Survey Questions	Yes	No	N/A		Low	Moderate	High	N/A	Action
<b>9. CLEANING SERVICES AND OTHER CONTRACTED SERVICES</b>									
After hours cleaning services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are contractors (trades, office cleaners) consistently security cleared? (Employment pre-screening and reliability checks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____									
<b>10. LOCKING HARDWARE</b>									
Do all exterior doors have deadbolt locks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do exterior doors with exposed hinges have secure hinge pins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all exterior windows have locking devices in good order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an effective key control system in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a card access control system in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the elevator have any security features?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____									
<b>11. OTHER SECURITY SERVICES AT THIS FACILITY</b>									
(a) Security Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Security Patrols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Resident Caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Others - Please explain _____									
(e) If YES to any of the above please include the following:									
Hours of service: Weekdays From _____ To _____									
Weekends From _____ To _____									
Comments _____									



**Ministry of Social Development  
Regional/HQ Security Survey  
Section D  
Building Security Checklist**

<b><u>PHYSICAL SECURITY</u></b>				<b>PRIORITIES</b>				
	Yes	No	N/A	Low	Moderate	High	N/A	Action
1. Entrance points (front, back, side doors) and brief description:								
Exterior								
a) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior								
a) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Level of Security at each entry point listed in question 1 (keyed, card access, etc)								
Exterior								
a) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample

				<b>PRIORITIES</b>							
<b><u>PHYSICAL SECURITY</u></b>				Yes	No	N/A	Low	Moderate	High	N/A	Action
Interior											
a) _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Perimeter window security (sealed or opening windows, secure latches, etc): _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there security film on windows? If no, why? _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the perimeter of the building illuminated after hours? Additional Comments _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>INTERIOR SECURITY</u></b>											
1. List the other Ministries, Branches, Tenants that are accommodated on each Floor, if multi-tenant building: _____ _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all tenants physically separated on each floor: If yes, describe. (Separate controlled entrances, etc.) _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are enclosed offices keyed? _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample

<u>PHYSICAL SECURITY</u>				PRIORITIES				
	Yes	No	N/A	Low	Moderate	High	N/A	Action
4. Describe the key hierarchy (master, sub-master, individual office, etc.): a) _____ b) Describe the duplication process: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do any offices or storage areas (e.g. file rooms) within the building have a security system? If yes, list areas/locations _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do interior walls go slab to slab in restricted zones? Comments _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are facility access control zones established? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample

				PRIORITIES							
<u>OPERATIONAL ISSUES</u>				Yes	No	N/A	Low	Moderate	High	N/A	Action
1.	Hours of operation:	Monday to Friday	From: _____ to: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other:	From: _____ to: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Describe the unlocking and locking procedure of the building: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Key Control and/or Card Access:										
	a)	Has the building been rekeyed recently?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, when? _____									
	b)	Which position is responsible for issuing keys/cards? _____									
	c)	Are keys/cards numbered?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d)	Does the building have a card access system?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e)	Do you have a system for sign out and return?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, describe procedure: _____ _____									
	f)	Do you have a policy for rekeying the building?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g)	Are keys stamped "Do Not Copy"?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h)	Is there a record of all keys issued?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____											

Sample

				<b>PRIORITIES</b>							
<b><u>OPERATIONAL ISSUES</u></b>				Yes	No	N/A	Low	Moderate	High	N/A	Action
4. List the non-tenants who have access to building (BLJC WSI, janitorial firm, etc.): _____ _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are Janitorial Services contracted by BLJC WSI? a) Janitorial service schedule _____ b) Are staff required to wear ID tags? c) To whom are keys issued? _____ Comments: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any persons bonded? a) Are contractors supervised? b) Are contractors issued keys? If yes, by whom and under what conditions? _____ Additional Comments _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are procedures in place for staff working alone or in isolated locations in an office? When were procedures last updated? _____ Comments: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample

<b>REPORTING OF LOSSES</b>				<b>PRIORITIES</b>				
	Yes	No	N/A	Low	Moderate	High	N/A	Action
1. Are all security incidents and/or losses reported on a General Incident or Loss Report Form (FIN 597) to Ministry Security Officer (or delegate) and Risk Management Branch within 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Ministry of Social Development  
Regional/HQ Security Survey  
Section E  
Information Asset and Technology Security Assessment**

**Definitions**

**Record:** Means all recorded information, regardless of physical form. This includes “books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by any means whether graphic, electronic, mechanical or otherwise” as defined in the *Interpretation Act*.

**Sensitive Information:** Personal, confidential or protected information whose release is unauthorized i.e., information which is reasonably likely to be excepted or excluded from access under the *Freedom of Information and Protection of Privacy Act*. The standards and procedures for the management of sensitive information are set out in the Core Policy Manual 12.3.2.  
([http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/Info\\_mgmt\\_and\\_InfoTech.htm](http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/Info_mgmt_and_InfoTech.htm))  
The following chart outlines the security categories, definitions and examples for sensitive information from the Risk Management Branch security standards and guidelines.

Security Category	Definition and examples
<b>Protected Cabinet</b>	<i>Cabinet documents:</i> Documents, files or record series containing Cabinet confidences. Examples include draft legislation and regulations, Orders-In-Council, Cabinet and Treasury Board Submissions, and Financial Impact Assessments.
<b>Protected</b>	<i>Confidential and/or Sensitive Information:</i> Information potentially exempted from disclosure under sections 13 to 21 of the <i>Freedom of Information and Protection of Privacy Act (FOIPPA)</i> , such as policy or legal advice, information harmful to financial or economic interests.
<b>Protected Personal</b>	<i>Sensitive Personal Information:</i> Personal information that should not be released to unauthorized government personnel or the general public, such as BC Employment and Assistance files and personnel files.
<b>Standard</b>	<i>Non-sensitive Information:</i> Routinely released to the public, i.e., general information and pamphlets.

INFORMATION ASSET SECURITY				PRIORITIES				
Records (Paper and Electronic) (*see p.23 for definitions)	Yes	No	N/A	Low	Moderate	High	N/A	Action
<p>1. Does your <b>office/branch</b> receive or create sensitive* information?</p> <p>a) If yes, what type of sensitive information?</p> <p>_____</p> <p>_____</p> <p>b) How do you apply security categories?</p> <p>_____</p> <p>c) <b>Which position</b> is responsible? _____</p> <p>d) <b>What positions</b> have access to this information? List job titles and numbers of staff at each level. _____</p> <p>e) <b>Comments:</b></p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. What procedures are in place for transmitting comments on protected information?</p> <p>_____</p>								
<p>3. Is sensitive information developed or stored on computers?</p> <p>If yes, what precautions are taken?</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Are procedures in place to ensure that client information in the office is secured outside regular working hours (e.g. locked in secure file room)?</p> <p>If yes, please list the procedures:</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample



<p>5. Do you receive or send sensitive information by fax?</p> <p>a) What type of sensitive information and where are the destinations (Minister's office, Treasury Board, Regional Management Units, etc.)? _____</p> <p>b) Does the fax machine have a mailbox feature and encryption device?</p> <p>c) Is the fax machine located in a secure area (locked enclosed space)?</p> <p>d) Is the receipt and transmission of sensitive information supervised during transmission and if so by whom?</p> <p>Comments: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Do you photocopy sensitive information?</p> <p>If yes:</p> <p>a) Which position does the photocopying? _____</p> <p>b) Is the photocopier in a secure area? _____</p> <p>c) Is the photocopying process attended? _____</p> <p>Comments: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Do you have procedures to track or control multiple copies of sensitive information?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample

<p>8. Information Security</p> <p>a) Is all sensitive file information secured each night?</p> <p>b) Are file cabinets and/or file rooms locked?</p> <p>c) Is sensitive information not saved to a LAN drive saved to a computer disk?</p> <p>d) Are computer media removed to prevent damage and secured each day?</p> <p>e) Does the office have secure disk storage container?</p> <p>f) Are the locations of computing media (diskettes, CD-ROM's, etc.) containing vital or critical information recorded centrally?</p> <p>Comments: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a) Is all sensitive file information secured each night?</p> <p>b) Are file cabinets and/or file rooms locked?</p> <p>c) Is sensitive information not saved to a LAN drive saved to a computer disk?</p> <p>d) Are computer media removed to prevent damage and secured each day?</p> <p>e) Does the office have secure disk storage container?</p> <p>f) Are the locations of computing media (diskettes, CD-ROM's, etc.) containing vital or critical information recorded centrally?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Do you have a paper shredder or locked paper recycle bin on site to dispose of transitory copies of sensitive information? If no: How do you store sensitive information awaiting destruction? _____</p> <p>Do you recycle? If yes, describe process: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you recycle? If yes, describe process: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION TECHNOLOGY SECURITY				PRIORITIES				
	Yes	No	N/A	Low	Moderate	High	N/A	Action
<b>General Information</b>								
1. Are cyber locks used to secure PCs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are general use hardware (i.e., laptops, cell phones, etc.) secured when not in use. Do you ensure all staff have completed <i>Information and Communications Technology (ICT) Resource Usage Agreement (SD3051)</i> and <i>Conditions for use of Cellular Phones (SD3011)</i> forms and where appropriate, the <i>Remote Access Agreement (SD3014)</i> ? ( <a href="http://iew.meia.gov.bc.ca/forms/Forms_list.html">http://iew.meia.gov.bc.ca/forms/Forms_list.html</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is everyone aware of cell phone and/or personal digital assistant (PDA) security vulnerabilities (i.e. intercepted cell phone transmissions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____								
4. Do you keep copies of these forms on site?  If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____								

Sample

INFORMATION TECHNOLOGY SECURITY				PRIORITIES				
	Yes	No	N/A	Low	Moderate	High	N/A	Action
<b>PC Security</b>								
1. Are PC's locked when the operator is absent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are PC's logged off at the end of each work day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does staff share ID's?  If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample

**Final Comments:**

Any outstanding questions/suggestions for improving the survey:

\_\_\_\_\_

**Thank you for completing the survey.**

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