

**PHYSICAL SECURITY SURVEY REPORT**  
 For use of this form, see AR 190-13; the proponent agency is PMG.

*Requirement Control Symbol  
 CSGA-1672*

1. REPORT NUMBER	2. DATE(S) OF SURVEY
3. NAME AND LOCATION OF INSTALLATION SURVEYED	4. PREPARING AGENCY
5. NAME AND RANK OF INSTALLATION COMMANDER	6. NAME AND RANK OF PROVOST MARSHAL/SECURITY OFFICER
7. NAME(S) OF SURVEY PERSONNEL <i>(Grade, Rank, Title, and Organization)</i>	8. REPORT NUMBER AND DATE OF LAST SURVEY

**PART I - INSTALLATION DESCRIPTION**

9. INSTALLATION ACREAGE	10. NUMBER OF MILITARY ASSIGNED	11. NUMBER OF CIVILIANS EMPLOYED
12. NUMBER OF TENANT ACTIVITIES	13. NUMBER OF BUILDINGS	14. TYPE INSTALLATION <i>(Check One)</i> <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> LIMITED ACCESS <i>(Temporary)</i>
15. INSTALLATION MISSION		

16. LIST AREAS CONSIDERED TO BE CRITICAL OR VULNERABLE:

a. CRITICAL OR VULNERABLE AREAS	b. PROTECTION REQUIREMENTS	c. PROJECT IMPLEMENTATION

**PART II - PHYSICAL SECURITY PERSONNEL**

17. SECTION A - GUARDS				18. SECTION B - PHYSICAL SECURITY INSPECTORS		
TYPE	AUTH	ASGD	TYPE	AUTH	ASGD	
a. MILITARY POLICE			a. MILITARY			
b. MILITARY (NON-MP)			b. CIVILIAN			
c. CONTRACT CIVILIAN GUARDS						
d. DOD CIVILIAN GUARDS						
e. GSA GUARDS						
f. FOREIGN DIRECT HIRE						
g. FOREIGN CONTRACT						
h. OTHER <i>(Specify)</i>						
i. TOTAL						

PART III - PHYSICAL SECURITY PLANNING

	YES	NO
19. HAS AN INSTALLATION PHYSICAL SECURITY THREAT STATEMENT BEEN PREPARED?	<input type="checkbox"/>	<input type="checkbox"/>
20. HAVE SUBORDINATE UNITS OR TENANT ACTIVITIES BEEN PROVIDED A COPY?	<input type="checkbox"/>	<input type="checkbox"/>
21. IS THERE AN INSTALLATION PHYSICAL SECURITY PLAN?	<input type="checkbox"/>	<input type="checkbox"/>
a. DOES THE PLAN COVER PHYSICAL SECURITY FOR PEACETIME, MOBILIZATION, AND WARTIME?	<input type="checkbox"/>	<input type="checkbox"/>
b. DOES THE PLAN INCLUDE ANNEXES FOR COUNTERTERRORISM, BOMB THREATS, ADP PLANS, AND WORK STOPPAGE PLANS AND INSTALLATION CLOSURE?	<input type="checkbox"/>	<input type="checkbox"/>
22. DOES THE INSTALLATION PHYSICAL SECURITY PROGRAM SUPPORT OPERATIONS SECURITY AND CRIME PREVENTION PROGRAMS?	<input type="checkbox"/>	<input type="checkbox"/>
23. IS PHYSICAL SECURITY INCLUDED IN INSTALLATION CONTINGENCY AND EXERCISE PLANS?	<input type="checkbox"/>	<input type="checkbox"/>
24. BRIEFLY EXPLAIN "NO" ANSWERS OF ITEMS 19 THROUGH 23		

25. FINDINGS/RECOMMENDATIONS

26. SURVEYING OFFICIAL'S EVALUATION

27. OVERALL EVALUATION OF PHYSICAL SECURITY PROGRAM

EXCELLENT                       GOOD                                       POOR

28a. SURVEY OFFICER (Name, Grade, Organization)

b. SIGNATURE

c. DATE

29a. APPROVING AUTHORITY (Name, Rank, Title)

b. SIGNATURE

c. DATE

30. DISTRIBUTION

31. DATE COMMANDER'S REPORT OF CORRECTIVE ACTION RECEIVED