

# Fairfield County Sheriff's Office

Dave Phalen, Sheriff

Business Security Survey



Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Owner: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Sector	Canal Winchester
Deputy	

If you have an alarm system, please complete the following:

If your alarm is local and does not send notification, describe what happens when it is activated:
If your alarm sends notification, who is notified:
If your alarm is monitored, who/where is monitoring done:
Does your alarm provide: Fire/Smoke Sensors? _____ Robbery/Panic Sensors? _____ Forced Entry Sensors? _____ Motion Sensors? _____

Private Security:

Does your business use Private Security Guards at your location? _____ If yes, what is the name of the Security Company and Phone Number: _____
Does your business use Private Security to patrol your location after hours? _____ If yes, what is the name of the Security Company and Phone Number: _____

Normal Hours of Operation:

Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_  
 Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Would you like persons found on your property after business hours to be instructed to leave? \_\_\_\_\_

Do you use or store hazardous, explosive, or flammable chemicals at your business? \_\_\_\_\_ If yes, please fully describe the use and types of chemicals on the back of this form.

Please list, in order of contact, the key holders we may call if there is a problem at this location:

Name	Title	Shift	Key	Phone Number

Date form completed: \_\_\_\_\_ Form completed by: \_\_\_\_\_

## SERVE AND PROTECT

10 North High Street, Canal Winchester, Ohio 43110  
 PHONE: (614) 837-7913 FAX: (614) 834-5107