



Retail Safety Audit

Business name: _____

Date: _____

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Exterior			Comments
Address visible from street?	Y	N	
Lighting working? Proper Coverage?	Y	N	
Adequate vehicle parking/access? Is it secure?	Y	N	
Landscaping properly trimmed?	Y	N	
Fences and/or gates present? Maintained?	Y	N	
Property clean and free of trash?	Y	N	
Signage in good condition?	Y	N	
Exterior openings secured? (Fire escapes, skylights, roof openings, air ducts, doorway transoms, loading docks, basement openings)	Y	N	
Security company on site?	Y	N	
Neighboring properties in good condition?	Y	N	
Additional comments:			



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Interior			Comments
Doors unobstructed? Height markers present?	Y	N	
Windows unobstructed? Exterior visibility good?	Y	N	
Adequate lighting? Lighting working properly?	Y	N	
Lighting left on after hours?	Y	N	
Security cameras present? Working? Proper coverage?	Y	N	
Mirrors present? Proper coverage?	Y	N	
ATM(s) present? Working?	Y	N	
Counters- printable?	Y	N	
Clear lines of sight throughout store?	Y	N	
Door opening alarm present? Working?	Y	N	
At least two means of egress?	Y	N	
Employee property secured? Where?	Y	N	
Phone working? Location?	Y	N	
Emergency numbers posted? Police contacts posted?	Y	N	
Alarm system present? Working? Permitted?	Y	N	
Gun on premises?	Y	N	
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Business Practices			Comments
Previous robbery response training?	Y	N	
Previous robbery victim?	Y	N	
Established robbery policy?	Y	N	
Business emergency contacts on file with police?	Y	N	
Greeting policy established?	Y	N	
Money counting policy?	Y	N	
Frequent cash deposits? Irregular schedule?	Y	N	
Insurance?	Y	N	
Sell products related to illegal or nuisance behavior (high-grain alcohol, spray paint, etc)?	Y	N	
Sales of above products as a percentage of total sales?	Y	N	
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Environment			Comments
Community police officer assigned to area?	Y	N	
History of violence in immediate area?	Y	N	
Nearby crime hotspots?	Y	N	
Additional comments:			