



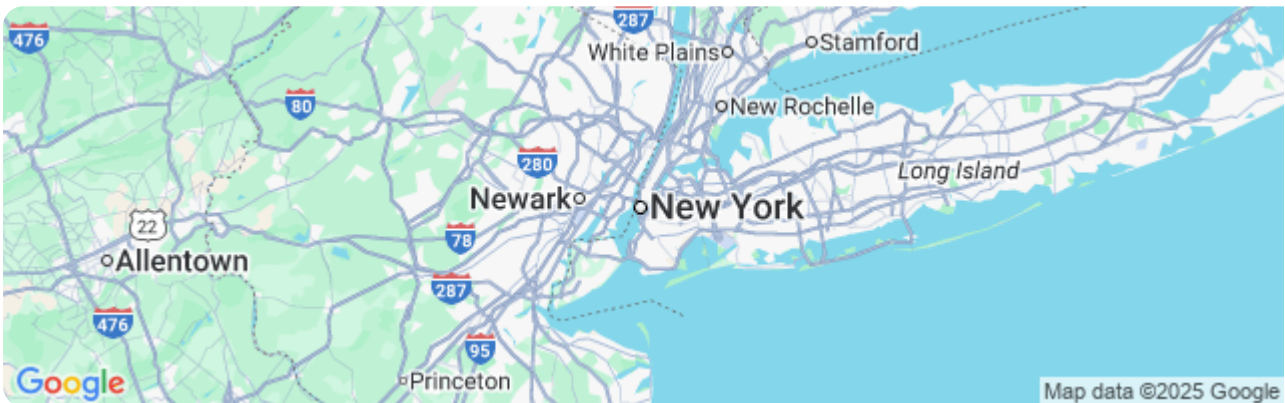
Insurance Loss Prevention Checklist

Property Risk Assessment

Evaluate potential hazards related to physical property and infrastructure.

Property Address

 [Set My Current Location](#)



Building Square Footage

Enter a number...

Construction Type

- ☐ Frame
- ☐ Masonry
- ☐ Steel
- ☐ Concrete

Year Built

Enter a number...

Description of Surroundings (e.g., industrial, residential, commercial)

Write something...

Potential Hazards Nearby

- ☐ Industrial Facilities
- ☐ Heavy Traffic
- ☐ Flood Zone
- ☐ Seismic Activity

Date of Last Property Inspection

Enter date...

Fire Safety Measures

Review and confirm the effectiveness of fire prevention and suppression systems.

Fire Alarm Test Frequency (months)

Enter a number...

Last Fire Alarm System Inspection Date

Enter date...

Fire Extinguisher Type

- ☐ ABC
- ☐ CO2
- ☐ Water

Number of Fire Extinguishers Present

Enter a number...

Last Fire Extinguisher Inspection Date

Enter date...

Sprinkler System Status

- ☐ Operational
- ☐ Out of Service
- ☐ Under Maintenance

Details of any Fire Safety Deficiencies Found

Write something...

Security Protocols

Assess physical security measures and electronic security systems.

Number of Security Cameras

Enter a number...

Access Control System Type

- ☐ Keycard
- ☐ Biometric
- ☐ PIN Code
- ☐ Manual Locks

Last Security System Inspection Date

Enter date...

Description of Security Personnel Training

Write something...

Security Features Implemented

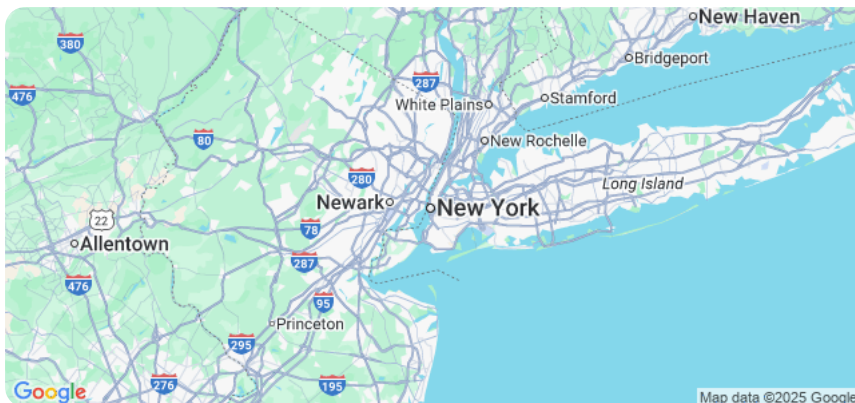
- ☐ Motion Sensors
- ☐ Alarm System
- ☐ Security Lighting
- ☐ Video Surveillance
- ☐ Perimeter Fencing

Alarm Monitoring Service

- ☐ Yes
- ☐ No

Location of Main Security Control Panel

 [Set My Current Location](#)



Employee Training

Verify staff are adequately trained on loss prevention procedures.

Training Program Completion (Fire Safety)

- ☐ Completed
- ☐ In Progress
- ☐ Not Started

Cybersecurity Awareness Training

- ☐ Completed
- ☐ In Progress
- ☐ Not Started

Last Refresher Training Date (General Safety)

Enter date...

Number of Employees Trained (Fire Extinguisher Use)

Enter a number...

Training Topics Covered (Select all that apply)

- ☐ Emergency Procedures
- ☐ Hazard Identification
- ☐ Loss Prevention Techniques
- ☐ Cybersecurity Best Practices
- ☐ Ergonomics

Notes on Employee Performance during Training

Write something...

Business Continuity Planning

Ensure a comprehensive plan is in place for disaster recovery and business interruption.

Summary of Business Impact Analysis (BIA)

Write something...

Last BCP Plan Review Date

Enter date...

Recovery Time Objective (RTO) - Hours

Enter a number...

Recovery Point Objective (RPO) - Hours

Enter a number...

BCP Testing Frequency

- ☐ Annually
- ☐ Bi-Annually
- ☐ Quarterly
- ☐ As Needed

BCP Testing Documentation

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Key Personnel Contact Information

Write something...

Alternate Work Location Strategy

- ☐ Remote Work
- ☐ Designated Alternate Site
- ☐ Combination

Environmental Hazards

Identify and mitigate potential environmental risks (e.g., flood, earthquake).

Elevation Above Sea Level (Feet)

Enter a number...

Flood Zone Designation

- ☐ Not in Flood Zone
- ☐ Zone A
- ☐ Zone B
- ☐ Zone C
- ☐ Zone X

Last Flood Risk Assessment Date

Enter date...

Description of Local Geological Hazards (e.g., landslides, sinkholes)

Write something...

Proximity to Fault Lines

- ☐ None
- ☐ Within 1 mile
- ☐ Within 5 miles
- ☐ Within 10 miles

Supporting Documentation (e.g., Flood Maps, Geological Surveys)

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Equipment Maintenance

Confirm regular maintenance schedules for critical equipment and machinery.

Last Maintenance Date

Enter date...

Operating Hours Since Last Service

Enter a number...

Description of Maintenance Performed

Write something...

Maintenance Records / Reports

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Equipment Condition After Maintenance

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Next Service Due (in days)

Enter a number...

Cybersecurity Measures

Review cybersecurity protocols to protect data and prevent cyberattacks.

Current Antivirus Software

- ☐ Windows Defender
- ☐ McAfee
- ☐ Norton
- ☐ Other - Please Specify

Last Password Reset Cycle (in days)

Enter a number...

Firewall Configuration

- ☐ Enabled
- ☐ Disabled
- ☐ Partially Configured
- ☐ Not in Use

Last Security Awareness Training Date

Enter date...

Description of Incident Response Plan

Write something...

Multi-Factor Authentication Implementation

- ☐ Fully Implemented
- ☐ Partially Implemented
- ☐ Not Implemented

Network Vulnerability Scan Report

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Contractor Safety

Verify safety procedures for contractors working on-site.

Contractor Safety Orientation Completed?

- ☐ Yes
- ☐ No

Contractor Orientation Completion Date

Enter date...

Safety Topics Covered (check all that apply)

- ☐ Fall Protection
- ☐ Lockout/Tagout
- ☐ Confined Space Entry
- ☐ Hazard Communication
- ☐ Electrical Safety
- ☐ Personal Protective Equipment (PPE)

Contractor Safety Training Certificates

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Number of Employees on Site (Contractor)

Enter a number...

PPE Assessment Completed?

- ☐ Yes
- ☐ No

Any Safety Concerns Observed?

Write something...

Record Keeping & Documentation

Ensure accurate records are maintained for inspections, maintenance, and incidents.

Last Inspection Date

Enter date...

Inspection Notes/Findings

Write something...

Inspection Report (PDF/Image)

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Number of Corrective Actions Implemented

Enter a number...

Details of Corrective Actions Taken

Write something...

Documentation Status

- ☐ Complete
- ☐ In Progress
- ☐ Missing

Date of Next Review

Enter date...