PRE-SITE SURVEY SECURITY SERVICES QUESTIONNAIRE

Thank you for considering the DDCues for your security needs. To provide an accurate and tailored quote, please complete the questionnaire below. If you have any questions or additional details to share, feel free to include them.

1. Contact Information
- Name: _____
- Title/Role: _____
- Company Name: _____
- Phone Number: _____
- Email Address: _____

2. Office Building Information
- Address of the Office: _____
- Number of Floors Occupied by Your Firm: _____
- Total Office Space (Square Footage): _____
- Building Hours of Operation (Desired Coverage): _____

3. Security Priorities
- What are your primary security concerns? (Check all that apply)
  - Unauthorized Access
  - Theft or Asset Protection
  - Vandalism
  - Employee/Visitor Safety
  - Workplace Violence Prevention
  - Cybersecurity Integration with Physical Security
  - Emergency Preparedness (e.g., fire, active shooter, medical emergencies)
  - Other (please specify): _____

1

- How would you rate your current level of security?
    - Poor
    - o Fair
    - o Adequate
    - Excellent

- Do you require any of the following assessments or services?
    - Threat and Risk Assessment
    - Security Audit of Current Measures
    - Emergency Evacuation Planning

4. On-Site Security Needs
- What type of security personnel are you considering?
    - Uniformed Guards
    - Plainclothes/Undercover Guards
    - Armed Guards
    - Unarmed Guards
    - Concierge-Style Security

- Where would you like security personnel to be stationed?
    - Front Desk/Reception Area
    - Parking Lot/Garage
    - Elevators and Stairwells
    - Specific High-Security Zones
    - Patrol Throughout the Facility

- Do you require security personnel with special training or certifications?
    - CPR/First Aid
    - o De-escalation Techniques
    - o Emergency Response
    - o Other (please specify): _____

- Estimated number of guards needed: _____

- Preferred shifts (e.g., daytime, nighttime, rotating): _____

5. Technology and Access Control
- Do you have any existing security technology?
  - CCTV Cameras
  - Alarm Systems
  - Access Control Systems (e.g., key cards, biometrics)
  - Visitor Management Software
  - None

- Would you like us to provide or integrate any of the following technologies?
  - CCTV Installation and Monitoring
  - Alarm System Installation
  - Access Control System Installation/Management
  - Visitor Registration System
  - Motion Detectors or Sensors
  - Other (please specify): _____

- Do you require remote access to security systems?
  - Yes
  - No

6. Visitor and Employee Management
- How many employees work on-site? _____

- What are the typical hours your employees are on-site? _____

- Do you have high-profile visitors or VIPs requiring special security measures?
  - Yes
  - No

- Would you like security personnel to assist with:
  - Visitor Check-In/Check-Out
  - Employee Badging
  - Contractor/Delivery Access Management

- Are there specific times when visitor traffic is higher?
  - Morning
  - Midday
  - Evening
  - Weekends

7. Emergency Preparedness

- What emergency scenarios are you most concerned about? (Check all that apply)
  - Fire
  - Medical Emergencies
  - Active Shooter/Violence
  - Natural Disasters
  - Other (please specify): _____

- Do you currently have emergency response plans in place?
  - Yes
  - No

- Would you like us to assist in creating or enhancing your emergency response protocols?
  - Yes
  - No

- Does your Building have an existing security team or system we would need to integrate with?
  - Yes
  - No

8. Scheduling and Coverage

- What hours of the day do you require security services?
  - 24/7 Coverage
  - Business Hours Only (specify): _____
  - After-Hours Coverage

- Do you require weekend or holiday security coverage?
  - Yes
  - No

9. Additional Details

- What is your timeline for implementing security services?
    - Immediately
    - Within 1-3 Months
    - Longer-Term (please specify): _____

- Is there a budget range you are working within?
    - Yes (please specify): _____
    - No

10. Notes or Special Requirements

Please include any additional details or requirements that would help us tailor our services to your needs:

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_____
_____
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