



Schedule of protections	
Entrance door(s)	
<b>Protection</b>	<input type="checkbox"/> Security gate <input type="checkbox"/> Roller shutter <input type="checkbox"/> Padlocks <input type="checkbox"/> Access controlled
<b>Glass type</b>	<input type="checkbox"/> High impact <input type="checkbox"/> Bullet resistant <input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness <span style="float: right;">mm</span>
	Approximate glass size of entrance door(s) <span style="float: right;">m2</span>
	Other construction, please state
	Other comments
Rear door(s)	
<b>Protection</b>	<input type="checkbox"/> Fixed grille <input type="checkbox"/> Roller shutter <input type="checkbox"/> Security gate
	<input type="checkbox"/> Construction, please state
Display windows	
<b>Protection</b>	<input type="checkbox"/> Fixed grille <input type="checkbox"/> Roller shutter <input type="checkbox"/> Security gate
<b>Glass type</b>	<input type="checkbox"/> High impact <input type="checkbox"/> Bullet resistant <input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness <span style="float: right;">mm</span>
	Approximate glass size of all display windows <span style="float: right;">m2</span>
Other windows	
<b>Protection</b>	<input type="checkbox"/> Fixed grille <input type="checkbox"/> Roller shutter <input type="checkbox"/> High impact <input type="checkbox"/> Bullet resistant
<b>Glass type</b>	<input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness <span style="float: right;">mm</span>
<b>Skylights and roof openings</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ceiling</b>	Concrete <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
	Void between ceiling and roof
	If yes, means of protection
<b>Showcases – non premises</b>	<input type="checkbox"/> Free standing <input type="checkbox"/> Fixed    Please state construction
By whom, and where are the keys kept	
Safes and strong rooms	
<b>Safe 1</b>	(i) Maker's name and model
	(ii) SABS category grading
<b>Safe 2</b>	(i) Maker's name and model
	(ii) SABS category grading
<b>Safe 3</b>	(i) Maker's name and model
	(ii) SABS category grading
<b>Strong room 1/Safe 4</b>	(i) Maker's name and model
	(ii) SABS category grading
_____	
Please Initial	

Burglar alarm	
Service provider	
<b>Alarm type</b>	<input type="checkbox"/> Radio <input type="checkbox"/> Siren <input type="checkbox"/> Telephone <input type="checkbox"/> Other – specify
<b>Panic buttons</b>	Remote <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
	Static <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
<b>Does the system have specific protection per/ for</b>	Doors <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
	Windows <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
	Internal passives <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
	Roof void <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
Is the alarm system maintained under contract?	
Is alarm linked to an armed response company?	
Name	
Other protections	
<b>Own</b>	<input type="checkbox"/> 24 hour guard <input type="checkbox"/> CCTV cameras <input type="checkbox"/> Other – specify
<b>Shopping centre</b>	<input type="checkbox"/> 24 hour guard <input type="checkbox"/> CCTV cameras <input type="checkbox"/> Other – specify
Name of security company (shopping centre)	
<p>Declaration: I declare that the information contained herein is, to the best of my knowledge, true and accurate in every respect.</p>   <p>Proposer's signature _____ Date _____</p>	
<p>_____</p> <p>Please Initial</p>	