

State of Florida
Office of the Attorney General
CONVENIENCE BUSINESS SECURITY INSPECTION FORM

PART A:

Date of Inspection: ____/____/____ Time: ____ Case Number: _____
(OAG use only)

Type of Inspection: Routine Follow-up Complaint

Business (Store) Name: _____ Store No: _____

Business (Store) Street Address: _____

Business (Store) City: _____ State: FL Zip: _____

Business (Store) Telephone Number: () _____

Corporation/Owner Information (as listed on business license, if different from above)

Corporation Name: _____
Corporation Street Address: _____
Corporation City, State, Zip: _____

PART B: Is the business closed between 11:00 p.m. and 5:00 a.m.? yes no
Is the owner or owner's immediate family working between the hours of 11:00 p.m. and 5:00 a.m.? yes no
If the answer to either of the previous questions is yes, this inspection form is not applicable to the business.

PART C: Minimum Standards Required by the Convenience Business Security Act, Sections 812.1701-812.176, F.S.

Viol. Code	Not Inspected	Yes	No	Security Standards
01				Is the parking lot illuminated?
02				Does window tinting allow physical identification of persons in the sales transaction area from outside the building?
03				Does the window signage allow physical identification of persons in the sales transaction area from inside and outside the building?
04				Is there a notice at the entrance that the cash register contains less than \$50?
05				Is there height marker at the entrance?
06				Is there a silent alarm to law enforcement or a private security agency, or is there proof of exemption from the requirement?
07				Is there a secure drop safe or cash management device?
08				Is there a security camera system capable of retrieving an identifiable image of an offender?
09				Is there a cash management policy on-site?
10				Has robbery deterrence and safety training been provided to retail employees?

If the answer to any of the above questions is "No", explain below. Attach additional sheets as necessary.

PART D: If a robbery, sexual battery, aggravated assault, aggravated battery, kidnapping or false imprisonment has occurred at the convenience business within the past 24 months, the business must, **between the hours of 11:00 p.m. and 5:00 a.m.**, meet one of the requirements described below. Attach a copy of the agency incident report of the offense, if applicable.

Date of Incidence: _____ Type of Incidence: _____ Agency Case No: _____

Viol. Code	Not Inspected	Yes	No	Security Standards
11				Are there two or more employees?
12				Is there a secured safety enclosure of transparent polycarbonate?
13				Is there a security guard on the premises?
14				Is the business locked and transactions accomplished through a trough, trap door or window?

PART E: Certification – I hereby attest that the convenience business identified above is in compliance is not in compliance with the provisions of sections 812.1701-812.176, F.S. and Chapter 2A-5, F.A.C.

Inspector's Name (Print) _____

Inspector's Agency and Telephone Number _____

Inspector's Signature _____

Store Manager or Employee Signature _____

Date of Signature _____