

CrimeSHIELD Policy HOSPITAL LOSS CONTROL QUESTIONNAIRE



NAME OF INSURED: _____
 ADDRESS: _____
 DATE: _____

A. SECURITY		
1. Does the applicant maintain a trained, professional security force? If Yes,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Does the applicant use employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the applicant contract with a guard and patrol service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant's security force maintain a highly visible profile in terms of the number of security guards and the wearing of law enforcement style uniforms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does physical security include surveillance of entrances, exits and parking lots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are employees required to wear photo identification badges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are supply rooms for such items as medical equipment and linens kept securely locked with keys issued only to appropriate personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. PROPERTY OF OTHERS.		
1. Do you actively discourage patients from bringing valuable items to the hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you ever accept the property of patients for safekeeping or storage? If Yes,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Where is the property kept? _____		
b. Is an itemized inventory of patient property maintained and witnessed by more than one individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are receipts given to patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the patient required to provide written acknowledgement of the property return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. OTHER OPERATIONS		
1. Does the applicant operate a cafeteria or coffee shop? If Yes,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. How often is food inventoried? _____		
2. Does the applicant operate a flower or gift shop? If Yes,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. How often is stock inventoried? _____		
3. Does the applicant operate a parking lot or garage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. For each of the operations above, please indicate the average amount of cash on hand:		
Cafeteria/Coffee Shop: \$ _____		
Flower/Gift Shop: \$ _____		
Parking Lot/Garage: \$ _____		
Other: (please specify): \$ _____		
5. Does each cashier/attendant have his/her own cash supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are there periodic surprise counts of cash drawers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. DRUG/MEDICATION EXPOSURES		
1. Is the pharmacy protected by :		
a. An alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Closed circuit television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are narcotics stored only in locked cabinets inside locked rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is access to medication storage areas restricted to authorized personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are keys to medication storage areas strictly controlled with key recipients' names kept on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. How frequently are drugs and other medications inventoried? _____		
6. Does the applicant use a system whereby actual usage figures are compared to median usage schedules with investigation of abnormally high discrepancies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. PERSONNEL

Please indicate the applicant's process for screening prospective employees prior to hiring:

- Check References Criminal Background Check Drug Testing Other (Please describe)

Completed by: _____

Title: _____