PART D - KEY CONTROL						
19. DESCRIBE KEY CONTROL SYSTEM						
20. WHO IS	RESPONSIBLE FOR KEY CONTROL?					
	21. MASTER KEYS					
a. NUMBE	R b. ISSUED T0 c. POSITION					
YES NO	22. KEY CONTROL DETAILS					
	a. ARE KEYS SIGNED FOR?					
	b. ARE ALL KEYS ACCOUNTED FOR?					
	c. IS ISSUANCE OF KEYS RECORDED?					
	d. IF YES, IS REPORT KEPT UP TO DATE?					
f DECOD	 e. ARE KEYS REMOVED FROM VEHICLES AT NIGHT AND ON WEEKENDS? BE THE PROCEDURE FOR RETURN OF KEYS WHEN EMPLOYEE IS TERMINATED OR TRANSFERRED 					
I. DESCRI	IBE THE PROCEDURE FOR RETURN OF RETS WHEN EMPLOTEE IS TERMINATED OR TRANSFERRED					
23. ADDITIO	ONAL COMMENTS ON KEY CONTROL					
	PART E - PERIMETER ALARM SYSTEM					
	TER ALARM SYSTEM					
YES NO	(X and complete as applicable)	VOTEM LIGE OF STICKLIV AS				
	ARE PERIMETER ALARMS EMPLOYED? IF YES, COMPLETE a. THROUGH f., BELOW, FOR EACH S REQUIRED.	YSTEM. USE SECTION IV, AS				
	a. NAME OF MANUFACTURER					
	b. IS THE ALARM:					
	(1) LOCAL?					
	(2) CENTRAL STATION?					
	(3) SILENT?					
c. INSTALL	(4) DIRECT (POLICE)? ATION d. HOW MANY POINTS ARE e. LOCATION OF MASTER CONTROL BOX					
	ATION d. HOW MANY POINTS ARE e. LOCATION OF MASTER CONTROL BOX					
f. LOCATIO	ON OF EACH ALARM CONTACT (Use Section IV, or additional sheets, as required.)					
		D 7 (
טט Form	2637, JAN 93	Page 7 of Pages				

Page 7 of Pages WHEN FILLED IN

			NANCE (For each additional alarm syste	em, use Section IV, as necessary)		
		F LAST	b. INSPECTED BY			
I "	NSPEC	TION (YYMMDD)	(1) NAME (Last, First, Middle Initial)	(2) TITLE		
	A T = ~	FLACT	L OFFINIOFE TV			
		F LAST E <i>(YYMMDD)</i>	d. SERVICED BY	1 (0) TITLE		
	,LI 1V IU	L (T TWINDU)	(1) NAME (Last, First, Middle Initial)	(2) TITLE		
ا ۵	S THE	RE A MAINTENANO		f. MAINTENANCE COST		
0. 1	0 1111		SE GONTINOT:	1. WAINTENANCE COOT		
26. V	VHAT .	ARE THE LOCAL PO	OLICIES/LAWS REGARDING FALSE ALA	RMS?		
27. V	VHAT	S THE RESPONSE	TIME TO AN ALARM?			
28. A	LARM	SYSTEM DETAILS				
YES	NO		and add any additional comments)			
		a. ARE WIRE	S GOING TO THE LOCAL ALARM PROT	ECTED; I.E., IN CONDUIT?		
			METER ALARM DETECTOR IS USED, DO	ES RESTORING DOOR OR WINDOW TO C	RIGINAL POSITION	STOP THE
		ALARM?				
			RM HAVE A BATTERY BACK-UP?			
			RY CHECKED PERIODICALLY FOR SUITA	BLE CHARGE?		
			SS ALARMS USED AT ANY POINT?			
29. A	DDITIO	ONAL COMMENTS	ON ALARM SYSTEM			
			PART F - PERIN	IETER LIGHTING		
YES	NO	PERIMETER LIGHT	TING (X and complete as applicable)			
	110		IMETER AREAS LIGHTED DURING HOU	RS OF DARKNESS?		
			HAT TYPE OF LIGHTING IS USED?			
		,				
		b. IF NO, EXP	PLAIN			
		31. LIGHTING SY	STEM DETAILS			
		a. IS LIGHTIN	NG:			
		(1) MANU	AL?			
		(2) AUTOI	MATIC			
		b. ARE ALL E	ENTRANCE AND EXIT GATES WELL LIG	HTED? (If any exceptions, explain)		
		c. DOES PER	IMETER LIGHTING ALSO COVER THE B	UILDINGS?		
			BURN OUT, DO LIGHT PATTERNS OVE			
		e. WHO IS R	ESPONSIBLE FOR TURNING LIGHTS ON	AND OFF?		
		f. WHO IS RE	ESPONSIBLE FOR LIGHTING MAINTENA	NCE?		
		•		NCE OF LIGHTING SYSTEM (Bulbs, fuses,	etc.)?	
		h. ARE GUAF				
		` ,	SED BY LIGHTING?			
		` '	CTED BY LIGHTING?			
		i. ARE GATE				
		•	S AT GATE ILLUMINATE INTERIOR OF \			
			CAL AND VULNERABLE AREAS WELL II	LUMINATED?		
DD I	Form	2637, JAN 93			Page 8 of	Pages

Page 8 of Pages WHEN FILLED IN

31. LIGHTI	NG SYSTEM DETAILS (Continued)				
YES NO					
	I. ARE PERIMETER LIGHTS WIRED IN:				
	(1) SERIES?				
	(2) PARALLEL?				
	m. IS THERE AN AUXILIARY POWER SOURCE AVAIL				
	n. IF THERE IS AN AUXILIARY POWER SOURCE, IS THERE AN AUTOMATIC SWITCH?				
	o. IF THERE IS AN AUTOMATIC SWITCH FOR THE AUXILIARY POWER SOURCE, HOW LONG DOES IT TAKE TO SWITCH TO AUXILIARY POWER?				
	p. IF THERE IS AN AUXILIARY POWER SOURCE, IS	THERE A MANUAL SWITCH?			
	q. IF THERE IS A MANUAL SWITCH FOR THE AUXILIARY POWER SOURCE, WHO IS RESPONSIBLE FOR IT?				
32. ADDIT	I IONAL COMMENTS ON LIGHTING SYSTEM				
		JARD SERVICE			
YES NO	(X one)				
	33. IS A GUARD SERVICE EMPLOYED? IF YES, PROVID				
	a. CONTRACTOR c. FOREIGN MILITARY ORGANIZATION	b. U.S. MILITARY SERVICE			
	C. FOREIGN MILITARY ORGANIZATION	d. FOREIGN POLICE AGENCY			
34. AGENO	L CY/CONTRACTOR PROVIDING GUARD SERVICES	<u>_</u>			
	ENCY/CONTRACTOR NAME				
b. AD	DRESS (Include Street, City, State, and 9-digit ZIP Code, C	ountry (if outside CONUS))			
c. REF	PRESENTATIVE NAME (Last, First, Middle Initial)	d. TELEPHONE NUMBER (Include area code)			
25 UAVE	WRITTEN INSTRUCTIONS BEEN ISSUED TO THE GUARDS	A S TO THEID DITTIES AND A SSIGNMENTS?			
SS. TIAVL	WAITTEN INSTRUCTIONS BEEN 1330ED TO THE GUARDS	AS TO THEIR DOTIES AND ASSIGNMENTS:			
a. WH	IAT "EXTRA DUTIES" ARE PERFORMED BY GUARDS? WH	AT IMPACT DO THESE DUTIES HAVE ON PROTECTIVE DUTIES?			
b. WH	IAT DAY(S) IS THE FACILITY PROTECTED BY GUARDS?				
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY					
c. GU	ARD FORCE HOURS				
HOURS		NUMBER OF GUARDS			
(1)		(2)			
` '	DAY SHIFT				
. ,	EVENING SHIFT				
(c) NIGHT SHIFT					
36. CURRENT WAGES PAID FOR GUARD SERVICE a. HOURLY WAGE RATE FOR GUARDS b. IS THIS COMPARABLE TO WAGES PAID TO c. IS THERE A CONTRACT IN EFFECT?					
GUARDS AT OTHER LOCAL FACILITIES?					
d. COMMENTS					
DD Form 2637, JAN 93 Page 9 of Page					

Page 9 of Pages WHEN FILLED IN

YES	NO	(X and complete as applicable)		
		37. DOES THE GUARD SERVICE HAVE INSURANCE AND OTHER COVERAGE FOR THE FOLLOWING:		
		a. LIABILITY?		
		b. WORKMEN'S COMPENSATION?		
		c. HOLIDAYS?		
		d. VACATION?		
		e. SICK LEAVE?		
		f. HOSPITALIZATION?		
		g. DISABILITY INSURANCE?		
		h. ACCIDENTAL DEATH?		
		38. ARE CLOCK STATIONS USED?		
		a. IF YES, HOW MANY? b. ARE ALL CLOCK CHARTS REVIEWED DAILY?		
		c. IF YES, BY WHOM?		
		C. II TES, BT WITOMI:		
		39. ARE ACTIVITY REPORTS PREPARED BY GUARDS FOR EACH SHIFT?		
		a. ARE IRREGULARITY REPORTS PREPARED? b. WHO REVIEWS REPORTS?		
		D. WHO REVIEWS REPORTS?		
		40 DO OUT DO THE VIEW TO		
		40. DO GUARDS HAVE KEYS TO:		
		a. GATES?		
		b. BUILDINGS?		
		c. IF YES, HOW ARE KEYS CONTROLLED?		
		41. ARE GUARDS ARMED? IF YES, DESCRIBE EQUIPMENT.		
		HAVE THEY RECEIVED WEAPONS INSTRUCTION? IF YES:		
		a. HOW OFTEN? b. BY WHOM?		
		42. DO GUARDS TAKE PERIODIC POLYGRAPH EXAMINATIONS? IF YES:		
		a. HOW OFTEN? b. WHO GIVES THEM?		
43. W	/HAT	TYPE OF COMMUNICATION SYSTEM IS USED? (Enter "P" for Primary, "B" for Backup)		
		EPHONE?		
,	b) RAD			
		SETS?		
	•	RM SWITCH?		
	e) OTF			
		DNAL COMMENTS ON GUARD SERVICE (Compare and contrast guard service and compensation at DoD facility with other local		
		rcial facilities given comparable protection)		
	011111101	oral radiation giron comparable procession)		

DD Form 2637, JAN 93 Page 10 of _____ Pages WHEN FILLED IN