

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 _____