

# Industrial Property Risk Assessment Questionnaire

## 1. Property Information

Property/Facility Name

Address

Type of Facility

Primary Operation/Business

Year Built

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## 2. Construction Details

Construction Type

Total Floor Area (sqm)

Number of Stories

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## 3. Occupancy and Operations

Number of Employees/Occupants

Operation Hours

Are hazardous materials stored/used?

Select 

If yes, please describe

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#### 4. Fire Protection

Fire Alarm System

Select 

Number of Fire Extinguishers

Sprinkler System Installed?

Select 

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#### 5. Security

Security System Installed?

Select 

Access Control Measures

Any past incidents (fire, theft, etc.)?

Select 

If yes, please describe

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#### 6. Additional Comments

Your comments or concerns