

CrimeShield Policy

LOSS PREVENTION QUESTIONNAIRE FOR WAREHOUSE AND INVENTORY CONTROL



APPLICANT NAME: _____
 ADDRESS: _____
 DATE: _____

A. WAREHOUSE INFORMATION		
	Do you operate your own warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you operate a warehouse for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered No to both questions, you do not need to proceed any further.		
If you answered Yes to either of the questions above, please respond to all of the following:		
1.	Please provide a listing of warehouse locations:	
2.	What type(s) of commodities are stored in the warehouses?	
B. INVENTORY CONTROLS		
3.	Is there a formal, written inventory procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is there a complete physical inventory (by count) at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the physical inventory verified by persons other than those who have custody or control of the property or inventory control records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is an outside auditor or independent counting service involved in the inventory process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. RECEIVING		
7.	Please describe your procedure for checking incoming items to verify that correct materials and quantities have been received.	
8.	What tracking methods are used once items are accepted for storage at the warehouse?	
9.	Are all persons in receiving prohibited from taking part in the shipping or removal of products from the warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. SHIPPING		
10.	What process is in place to assure that the correct materials and quantities are being sent out of the warehouse?	
11.	Are the individuals who assist in loading items to be shipped different from those who act to receive goods from storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. STORAGE FOR CUSTOMERS		
12.	If you provide storage for others, do customers periodically inventory their goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are all shipments received only from authorized customers who have prearranged for their items to be stored in the warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If Yes, how is the process controlled so that only authorized customers are able to store items in the warehouse?	

15.	What process is in place to prevent creation of a fraudulent transaction where an unauthorized customer is able to store items in the warehouse without the knowledge of the Applicant?		
16.	What type of accounting is provided to customers as to items that have been accepted into and sent out of storage on their behalf?		
17.	Does the Applicant transport customer goods to and from the warehouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. PHYSICAL CONTROLS			
18.	Please indicate the physical controls in place to prevent a loss:		
	<input type="checkbox"/> Cameras	<input type="checkbox"/> Guards	
	<input type="checkbox"/> Alarms	<input type="checkbox"/> Watchdogs	
	<input type="checkbox"/> Fences	<input type="checkbox"/> Barred Windows	
	<input type="checkbox"/> Secured Areas within the warehouse for high-value items	<input type="checkbox"/> Other (please specify)	
G. TRANSPORTATION OF GOODS			
19.	Does the Applicant use its own trucks to transport goods to and from the warehouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	If Yes, are truck drivers required to identify themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	How many drivers are currently employed?		
22.	Are drivers employees of the Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	If No, are they subcontracted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	If the drivers are subcontracted, are they subject to the same background screening process as employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Completed by _____

Signature: _____

Title _____

Date _____