

Company Name: _____

Representative Name & Phone Number: _____

Address Inspected: _____

Type of Business (Industry): _____

Permissible Purpose (Employment or Tenant Screening): _____

Section I: Basic Information

1. Type of Establishment (Check all that apply)

Exclusive Commercial Building _____

Executive suite with shared receptionist _____

Store/Shopping Center/Mall _____

Other _____

Shared Office space _____

1 (a). If located in residence answer below:

Is business area located in any portion of the living quarters? ____Yes ____No

Is business located in an apartment or high-rise condominium? ____Yes ____No

Is there a separate business entrance? ____Yes ____No

Is there a listing in appropriate category in a business telephone directory such as Yellow Pages? ____Yes ____No

If the physical inspection is performed at an apartment complex, is the location deemed to be (check one):

Utilized as a commercial office space during normal business hours only _____

Utilized as personal living quarters by the resident manager _____

2. Does customer share office space or is located in an Executive Suite (i.e., shared receptionist or virtual office)?

____Yes ____No

If yes, list the names of the other companies: _____

If yes, what is the relationship between the companies: _____

If office is executive suite provide landlord or business management office's name and phone number: _____

Are there locked doors between the companies? ____Yes ____No

Do the companies share a computer network? ____Yes ____No

3. Is the company located at the exact address stated on the Inspection Request Form? ____Yes ____No

If no, please explain any discrepancy: _____

4. Does location seem appropriate for that particular type of business (e.g. a mortgage company should have office space available for brokers & loan processors & should be in a location accessible to the public)?

____Yes ____No

If no, please explain any discrepancy: _____

5. Does this facility look to be a permanent office location? ____Yes ____No

If not, please explain: _____

6. Type of Signage: (TAKE PHOTO OF SIGN) Is it a permanent sign and is the name the same as above?

____Yes ____No

Site Inspection Form

If no, what is the exact name appearing on the sign: _____

If not permanent, please explain: _____

Location: ___ Exterior ___ Interior/Lobby

7. What service(s) does it appear they provide (e.g., presence of inventory indicative of a retailer, if they serve consumers or other businesses, is there equipment indicative of a leasing company, etc).

Ask the question "What types of services and products are provided"? _____

Is location consistent with industry type (i.e. Car lot has vehicles for sale)? ___ Yes ___ No

8. Leasing Company Name _____ Telephone No. _____

Are there signs in front of building or in lobby referring to Leasing Company/Agent? ___ Yes ___ No

If yes, what is the information: _____

9. Is there any evidence, inside or out, indicating that the company or any adjacent business is involved in or associated with any of the following?

- Investigative/Detective Agency
- Pawn Shop
- Consumer debt counseling
- Credit repair/counseling
- Attorney or legal service
- Pornography or related bus.
- Check Cashing
- News agency or journalist
- Any illegal activities
- Process Server
- Bail Bond Co.

If yes to any, please explain: _____

10. Is the business license, Broker's or Real Estate license, Tax ID displayed in the office? If in file, please ask to view and record the information. ___ Yes ___ No

If no, explain: _____

If no, what company name is indicated on the business license? _____

If yes, record: _____

License Number: _____

Expiration Date: _____

Bus. Type/SIC on License: _____

Licensing Agency/Phone: _____

11. Does the business appear to be active & have appropriate furnishings: office equipment, telephones, trade association plaques? ___ Yes ___ No If No, explain: _____

Estimated Square Footage of Office Space: _____

Number of employees observed: _____

Number of workstations: _____

Site Inspection Form

Office Equipment observed (check all that apply)

File Cabinets ___

Copier ___

Postage Meter ___

Computers ___

Phones ___

Fax ___

Are there personal items on the desks or in the office of the employees? (i.e. Pictures of family, degrees/awards on the wall)? ___ Yes ___ No

12. Type of neighborhood surrounding the business? (Check one)

Residential ___

Rural ___

Commercial ___

Other ___

13. Obtain company website(s): _____

Section II: Security (Physical Access Documentation Security)

14. What security features are utilized and/or present at the client's location? For example, door, locks, etc?

What are the hours of operation and who can get in when? _____

Is there a security system? ___ Yes ___ No

Is there a security guard on duty? ___ Yes ___ No

If so, is the guard staffed 24 hours a day seven days a week? ___ Yes ___ No

If not, what are the guard's staffed hours? _____

15. How does customer receive credit reports or other consumer records (employment/tenant screening/background records)? _____

How are credit reports secured? (TAKE PHOTO OF LOCKED FILE CABINET/SERVER)

Residential: Is there a lock on the door to the office space or locked filing cabinet? (Is the office secured from the rest of the home?) If No, please ask how others are kept out of the office space.

(TAKE PHOTO OF LOCK ON DOOR TO OFFICE AND FILE CABINET)

Residential: Is the office space separated from living quarters (i.e. no bed or toys in the room, no clothes in closet & no items in room that do not relate to daily functioning of the business)? IF NO, PLEASE EXPLAIN.

16. Location of equipment used to access credit reports: _____

Equipment Description (Mfr/Make/Model/Software): _____

17. Is access of equipment (computers, servers) restricted? ___ Yes ___ No

If yes, how? _____

If no, is the equipment secured to the desk by a PC lock? ___ Yes ___ No

Is PC(s) password protected? ___ Yes ___ No

Is PC(s) installed with current anti-virus/malware? ___ Yes ___ No

If yes, what application? _____

Is PC(s) viewable by non-employees? ___ Yes ___ No

Who performs maintenance and repair on client's computers? _____

Site Inspection Form

A server is a computer that is serving up data or applications but is not necessarily a workstation. Is it segregated and secure in an area of its own, away from other activity in the office, e.g.: front office; lunch room; janitor closet? Yes No
How is it secured? _____

Where is the server located? _____

Equipment Environmental Controls: a) Heating and air conditioning? Yes No
Who services the equipment? _____

18. How does customer destroy confidential documents? Shredder Destruction Service
(TAKE PHOTO OF SHREDDER/DESTRUCTION BIN)

Name of Destruction Service, if used: _____

If they do not have a shredder, how do they dispose of sensitive information? _____

If shredder is used, is shredder bin locked? Yes No

Type of shredder: Strip-Cut Cross-Cut Micro-Cut

Section III: Suspicious Activities

Suspicious Activities are activities that are not related to the kind of business the end user customer identifies themselves to be. Please note, document any suspicious activity, as possible, with photos.

19. Is there evidence of any suspicious activity? Please note any positive or negative observation related to security of premises, workstations, files, etc. Yes No

20. Is the contact too nice, too angry, evasive, or too inquisitive (attempting to understand/influence inspection process)? Please explain: _____

21. Does the contact have difficulty describing the nature of the business? Yes No

Does the contact have difficulty describing the products and services? If so, please explain:

22. When scheduling appointment, was the phone answered in a personal capacity, or with another name, or a general name, in such as "corporate office" or vague voicemail message? Can the contact only be reached by mobile phone? If any apply, please explain: _____

Was there an Alternate contact & Phone number? Yes No

If yes, please provide contact name and phone number: _____

Date contact made: _____ Scheduled appointment date: _____

Contact was made directly with contact at the phone number provided: Yes No

While onsite performing the physical inspection, verify the phone number provided by the client (Reseller) by calling it and ensuring that it rings and is answered at that location.

Did it ring to the business? Yes No If no, select the best option:

Through a switchboard Another office within the campus

Through an electronic attendant Cell phone

Answering service Other

Please explain: _____

If cell phone is selected above, ask if the business forwards the call to a cell phone.

23. Were there any problems in scheduling the physical inspection? Please explain:

Site Inspection Form

24. If available, did discussions with receptionist, secretary, or other employee conflict with other information provided or raise suspicions? If applicable, please explain: _____

25. Are there any other factors that raise doubts whether the customer should be served with information?

26. General Comments, if any: _____

27. Did you speak to the contact person? ____Yes ____No
If no, with whom did you speak? Name: _____ Title: _____

Inspector's name and phone number: _____

I have visited and inspected the premises described and concluded that all of the above information is correct. Photos are being forwarded expeditiously. I also acknowledge that I understand that the Federal Fair Credit Reporting Act requires that any person who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses may be fined under Title 18, United States Code, imprisoned for not more than 2 years, or both.

Date Inspected: _____

Person Interviewed: _____ Title: _____

Signature: _____

Residential Address Inspection: Take five (5) QUALITY photos; one interior showing the product/workspace, one showing the locked office door and locked filing cabinet, one of exterior, one of the shredder, and one of the business sign wherever it is, if it exists.

Commercial Address Inspection: Take four (4) QUALITY photos; one interior showing the product/workspace, one where the credit reports are secured (a filing cabinet or server), one photo of the shredder or destruction bin, and one showing permanent sign. If there is no sign, please take a photo of the exterior of the building.

** Please document any suspicious activity, as possible, with other photos. **

Onsite Inspection Representative Name and Company Name: _____

Representative Telephone Number: _____

Date Observation Performed: _____