

Team Worldwide®

Team® Air Express, Inc • Team Ocean Services®, Inc • Team Customs Brokerage®, Inc

C-TPAT Security Survey

Date:					
Section 1 – Company Information					
Company Name(s):					
Port(s) used to import product into the U.S.					
Address(s):					
City(s), State(s), Country(s):					
Contact Name(s):					
Contact Phone Number(s):					
Contact E-Mail Address(s):					
Is your company C-TPAT certified? (if yes, the remainder of the survey does not need to be completed)				Yes	No
Section 2 – Physical Security (Mark applicable answer with (x))					
1. Are all doors, windows, fences and gates (both internal and external) equipped with adequate locking devices?				Yes	No
Comments:					
2. Is perimeter fencing in place around the facilities?				Yes	No
Comments:					
3. Is adequate lighting available throughout the interior and exterior of the facility including parking areas?				Yes	No
Comments:					
4. Is a video surveillance system in place in both the interior/exterior of facilities?				Yes	No
Comments:					
5. Is the facility equipped with a burglar alarm system and/or patrolled by a security officer during non-operational hours?				Yes	No
Comments:					
6. (Land/Rail/Air Carriers only) Are international, domestic, high-value, and dangerous goods segregated within the warehouse by a safe, caged, or otherwise fenced-in area?				Yes	No
Comments:					
Section 3 – Access Controls (Mark applicable answer with (x))					
1. Does the facility utilize methods for the positive identification, recording, and tracking of all employees, visitors and vendors? (Please Describe)				Yes	No
Comments:					
2. Are procedures in place for the challenging of unauthorized/unidentified persons? (Please Describe)				Yes	No
Comments:					
3. Are employees required to wear photo identification badges?				Yes	No
Comments:					
4. Are visitors required to wear identification badges?				Yes	No

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Comments:

Section 4 – Procedural Security (Mark applicable answer with (x))

1. Does the company have a designated security officer to supervise the introduction/removal of cargo? Yes No

Comments:

2. Are there procedures in place for detecting and reporting shortages and overages on outbound shipments? (Please Describe) Yes No

Comments:

3. Are there procedures in place for detecting and reporting shortages and overages when receiving shipments? (Please Describe) Yes No

Comments:

4. (Air/Sea Carriers only) Are complete, accurate, and advanced lists of international passengers, crews and cargo completed for all shipments? Yes No

Comments:

5. (Air Carriers only) Is a positive baggage match identification system, providing for the constant security of all baggage, utilized? Yes No

Comments:

6. (Land/Rail Carriers only) Are procedures in place for tracking the timely movement of incoming and outgoing goods? (Please Describe) Yes No

Comments:

7. (Land/Rail/Air Carriers only) Is all outgoing/finished product properly marked, weighed, counted and verified against manifest documents? Yes No

Comments:

8. (Land/Rail/Sea Carriers only) Are there procedures in place for verifying seals on containers, trailers, and railcars? (Please Describe) Yes No

Section 5 – Personnel Security (Mark applicable answer with (x))

1. Is pre-employment screening and interviewing conducted? Yes No

1a. Are pre-employment criminal background checks performed on prospective employees? Yes No

1b. Are application verifications completed? Yes No

1c. Is pre-employment drug screening performed? Yes No

Comments:

2. Are random criminal background checks performed on current employees? Yes No

Section 6 – Education, Training, and Awareness (Mark applicable answer with (x))

1. Is a security awareness program in place that includes the recognition of internal conspiracies, maintaining cargo integrity, and determining and addressing unauthorized access? (Please Describe) Yes No

Comments:

2. Do training programs offer incentives for active employee participation in security controls? (Please Describe) Yes No

Comments:

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3. Does the company have an Ethics/Business Abuse policy? (Please Describe)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
4. Does the company have a reward/integrity hotline for reporting of illegal/suspicious activity by employees?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comment:				

Section 7 – Conveyance Security		(Mark applicable answer with (x))		
1. Is a physical search of all readily accessible areas on the conveyance completed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
2. Are internal and external compartments and panels secured prior to shipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
3. Are cases in which unmanifested materials/evidence of tampering are discovered, reported?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				

Section 8 – Manifest Procedures				
1. Are manifests complete, legible, accurate, and submitted in a timely manner to customs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				

Section 9 – Customs-Industry Partnerships		(Mark applicable answer with (x))		
1. Does the company participate in any other customs-industry partnership programs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1a. Does the company participate in the Carrier Initiative Program (CIP)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1b. Does the company participate in the Super Carrier Initiative Program (SCIP)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1c. Does the company participate in the Business Anti-Smuggling Coalition (BASC)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				

Section 10 – Additional Security Controls				
Please describe any additional security controls that are utilized at the facility that have not been identified in the above sections:				

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Number of "Yes" Responses	
Number of "No" Responses	
Positive Percentage (Number of "Yes" Responses out of the Number of Applicable Questions)	

Survey Completed by (Name/Title):

Date: _____

Signature: _____