



USAG FORT RILEY

**PHYSICAL SECURITY OFFICER
Student Guide**

| | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--|
| UNIT OR ORGANIZATION _____ | | DATE _____ | |
| INSPECTABLE AREA _____ | | ANALYST _____ | |
| ASSET CATEGORY | VALUE RATING FACTORS | | AGGRESSORS |
| | ARMY MISSION CRITICALITY (TABLE 3-2) | USER MISSION CRITICALITY (TABLE 3-3) | |
| | REPLACABILITY (TABLE 3-4) | RELATIVE VALUE (TABLE 3-1) | POTENTIAL (??) |
| | SUM OF VALUE RATING FACTORS | VALUE RATING (TABLE 3-13) | |
| LIKELIHOOD RATING FACTORS | | LIKELIHOOD RATING (TABLE 4-20) | |
| ASSET PROFILE (TABLE 4-3) | USEFULNESS (TABLE 4-4) | ASSET AVAILABILITY (TABLE 4-7) | DETERRENCE (TABLE 4-1) |
| LOCAL INCIDENTS (PAST) (TABLE 4-8) | NEARBY INCIDENTS (PAST) (TABLE 4-9) | POTENTIAL INCIDENTS (TABLE 4-10) | LAW ENFORCEMENT EFFECTIVENESS (TABLE 4-17) |
| ACCESSIBILITY (TABLE 4-1) | ASSET AVAILABILITY (TABLE 4-7) | ASSET AVAILABILITY (TABLE 4-7) | DETERRENCE (TABLE 4-1) |
| SUM OF LIKELIHOOD RATING FACTORS | | LIKELIHOOD RATING (TABLE 4-20) | |
| RISK LEVELS (TABLE 2-2) | | RISK LEVELS (TABLE 2-2) | |
| CRIMINALS/VANDALS | | | CRIMINALS/VANDALS |
| TERRORISTS/EXTREMIST PROTEST GROUPS | | | TERRORISTS/EXTREMIST PROTEST GROUPS |

APD LC V2.01

For use of this form, see DA Pam 190-51; the proponent agency is PMG.

DA FORM 7278-R, AUG 1993

RISK LEVEL WORKSHEET

KEY CONTROL REGISTER AND INVENTORY
 For use of this form see AR 190-11; the proponent agency is PMG.

| UNIT/ACTIVITY | | PERIOD COVERED | |
|--|-----|----------------|------|
| | | FROM: | TO: |
| KEY CONTROL NUMBER(S) (Insert serial number or other identifying number from the key) | | | |
| 1. | 27. | 53. | 79. |
| 2. | 28. | 54. | 80. |
| 3. | 29. | 55. | 81. |
| 4. | 30. | 56. | 82. |
| 5. | 31. | 57. | 83. |
| 6. | 32. | 58. | 84. |
| 7. | 33. | 59. | 85. |
| 8. | 34. | 60. | 86. |
| 9. | 35. | 61. | 87. |
| 10. | 36. | 62. | 88. |
| 11. | 37. | 63. | 89. |
| 12. | 38. | 64. | 90. |
| 13. | 39. | 65. | 91. |
| 14. | 40. | 66. | 92. |
| 15. | 41. | 67. | 93. |
| 16. | 42. | 68. | 94. |
| 17. | 43. | 69. | 95. |
| 18. | 44. | 70. | 96. |
| 19. | 45. | 71. | 97. |
| 20. | 46. | 72. | 98. |
| 21. | 47. | 73. | 99. |
| 22. | 48. | 74. | 100. |
| 23. | 49. | 75. | 101. |
| 24. | 50. | 76. | 102. |
| 25. | 51. | 77. | 103. |
| 26. | 52. | 78. | 104. |



**COMMAND ORIENTED ARMS, AMMUNITION, AND EXPLOSIVES (AA&E)
SECURITY SCREENING AND EVALUATION RECORD**

For use of this form, see AR 190-11; the proponent agency is PMG.

When completed, this form is considered personal in nature and should be protected by a For Official Use Only Cover Sheet.

NAME OF INDIVIDUAL BEING SCREENED

GRADE

SECTION I - IMMEDIATE COMMANDER'S INTERVIEW

The interview required by AR 190-11 has been conducted.

NAME OF COMMANDER

GRADE

SIGNATURE

DATE

SECTION II - PERSONNEL RECORDS SCREENING

Personnel records have been reviewed in accordance with the AR 190-11.
Information is is not attached which may preclude assignment.

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

SECTION III - MEDICAL RECORDS SCREENING

Medical records have been reviewed in accordance with the AR 190-11.
Information is is not attached which may preclude assignment.

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

SECTION IV - PROVOST MARSHAL/SECURITY OFFICE RECORDS CHECK

A law enforcement/security records check has been conducted in accordance with AR 190-11.
Information is is not attached which may preclude assignment.

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

**SECTION V - LOCAL CIVILIAN LAW ENFORCEMENT AGENCY RECORDS CHECK
(If permitted by state, city, or local laws)**

Local civilian law enforcement agencies in the area of the individual's residence have been checked in accordance with AR 190-11.
Information is is not attached which may preclude assignment.

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

SECTION VI - IMMEDIATE COMMANDER EVALUATION

Individual has been screened in accordance with AR 190-11.
After thorough review of all information provided, I find this individual suitable unsuitable to perform duties which involve responsibility for the control, accountability, and shipment of AA&E.

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

ACTIVITY SECURITY CHECKLIST

Irregularities discovered will be promptly reported to the designated Security Office for corrective action.

DIVISION/BRANCH/OFFICE

ROOM NUMBER

MONTH AND YEAR

Statement

I have conducted a security inspection of this work area and checked all the items listed below.

TO (if required)

FROM (if required)

THROUGH (if required)

| *ITEM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INITIAL FOR DAILY REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Fill in each ITEM as needed in order to meet your organization's requirements; e.g. "I. Security alarm(s) and related equipment have been activated (where appropriate)."

