



THE COMMERCIAL DISCOVERY QUESTIONNAIRE

This is a template you can use to gather the essential information needed to setup a new account within Silvertrac Software.

Customer Information: Fill out the following section with your customer's company contact information.

Company Name

Main Phone

Street Address

Company Web Address

City, State, Zip Code

Property Basics: Fill out this section with the basic information for the commercial property.

Property Name

Street Address

Main Contact

City, State, Zip Code

Main Contact Phone Number

Local Police Phone Number

Emergency/After Hours Contact

Dispatch Phone Number

Emergency Contact Phone Number

Maintenance Supervisor

Maintenance Supervisor Phone Number

1. Are there multiple building addresses for this property? If so, please list the addresses below.

Sample Shopping Center: 2200 Broad Street, 2500 Broad Street

Sample Office Building: Building A, Building B

2. Are there any buildings or empty suites that need to be inspected individually or locked? Example: Vacant Suites or Departments, Storage Facilities or Containers

3. Will we be reporting maintenance issues at this property?

<input type="checkbox"/> Light Out	<input type="checkbox"/> Loose Handrails
<input type="checkbox"/> Door/Lock Problems	<input type="checkbox"/> Low Hanging Branches
<input type="checkbox"/> Trip Hazards	<input type="checkbox"/> Fire Extinguisher Issues
<input type="checkbox"/> Spills	<input type="checkbox"/> Signage Issue
<input type="checkbox"/> Water Leaks	<input type="checkbox"/> _____
<input type="checkbox"/> Broken Sprinklers	<input type="checkbox"/> _____
<input type="checkbox"/> Restroom Service Needed	<input type="checkbox"/> _____

4. Will you be reporting parking issues at this property?

<input type="checkbox"/> Parking in Fire Lane	<input type="checkbox"/> RV/Recreational Vehicle
<input type="checkbox"/> Overnight Parking	<input type="checkbox"/> Handicap Parking
<input type="checkbox"/> Obstructing Traffic	<input type="checkbox"/> _____
<input type="checkbox"/> Unauthorized Vehicle Type	<input type="checkbox"/> _____
<input type="checkbox"/> Employee Parking	<input type="checkbox"/> _____
<input type="checkbox"/> Visitor Parking	<input type="checkbox"/> _____

5. **Please list all relevant locations for this property below.** Locations are specific points of interest around a property or address. These will be used to provide additional detail to your reports.

<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Mailboxes	<input type="checkbox"/> Electrical Room
<input type="checkbox"/> Common Area	<input type="checkbox"/> Elevator	<input type="checkbox"/> Trash Area
<input type="checkbox"/> Garage	<input type="checkbox"/> Stairwell	<input type="checkbox"/> _____
<input type="checkbox"/> Entrance/Exit	<input type="checkbox"/> Lobby	<input type="checkbox"/> _____
<input type="checkbox"/> External Perimeter	<input type="checkbox"/> Restroom	<input type="checkbox"/> _____
<input type="checkbox"/> Tenant Suite	<input type="checkbox"/> Rooftop	<input type="checkbox"/> _____
<input type="checkbox"/> Loading Dock	<input type="checkbox"/> Alley	<input type="checkbox"/> _____

6. **What are the scheduled days and shift hours?**

7. **Scheduled Tasks:** Please list all of the scheduled tasks the officer is required to complete at specific times.

	Task and Reminders	List the locations, time and days of the week this should occur.
1.	Lock Ups <i>(List all the facilities that need to be locked at a specific time)</i>	
2.	Lighting Inspections	
3.	Unlocks <i>(List all the facilities that need to be unlocked at a specific time)</i>	
4.	Property Patrols <i>(How frequently should a property walk/patrol happen?)</i>	
5.		
6.		
7.		

8. Checkpoints and Routine Inspections: Please list all of the areas a checkpoint should be placed to ensure regular tours and inspections.

Checkpoint Needed?	Area to Be Checked	Instructions for the officer at this location
Yes / No	Each Tenant/Suite <i>(Select this if you want to put a checkpoint for every tenant or suite)</i>	
Yes / No	Each Building as a Whole <i>(Select this if you want to put just 1 checkpoint for each building)</i>	
Yes / No	Parking Lot <i>(If the parking lot has multiple zones or floors, list those on the right)</i>	
Yes / No	Specific Common Area Locations <i>(List all that apply on the right)</i>	
Yes / No	Loading Dock	
Yes / No	Dumpster Area	
Yes / No	Main Entry and Exit Gate	
Yes / No	Elevator	
Yes / No	Restrooms	
Yes / No	Mail Center	
Yes / No	Rooftop Access	
Yes / No	Electrical Rooms	
Yes / No	Maintenance Room/Shed	
Yes / No	Specific Equipment	
Yes / No		
Yes / No		
Yes / No		

Checkpoint Notes:

9. Security Issues: Please list all of the security issues you will be reporting at this property.

<input type="checkbox"/> Alarm Response	<input type="checkbox"/> Forced Entry	<input type="checkbox"/> After Hours Facility Use
<input type="checkbox"/> Trespassing	<input type="checkbox"/> Positive Contact	<input type="checkbox"/> _____
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Negative Contact	<input type="checkbox"/> _____
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Door Found Open	<input type="checkbox"/> _____
<input type="checkbox"/> Unauthorized Visitor	<input type="checkbox"/> Window Found Open	<input type="checkbox"/> _____
<input type="checkbox"/> Theft	<input type="checkbox"/> Manager Service Request	<input type="checkbox"/> _____
<input type="checkbox"/> Solicitation	<input type="checkbox"/>	<input type="checkbox"/> _____

10. Expected Users: Please list all users associated with this property including officers, supervisors, dispatch, clients, etc.

	User's First and Last Name	User's Email Address	User's Role (Officer, Supervisor, Client, etc.)	User's 6-Digit Birthdate (for password)
1.	Chris A	chris@abcsecurity.com	Manager	042163
2.				
3.				
4.				
5.				
6.				
7.				

11. Current Vendors: Please list all vendors associated with this property. List all vendors for maintenance, janitorial, landscaping, towing, electrical, video surveillance, street sweeping, trash, construction, etc.

	Company Name	Contact	Role on Site (How often will they be there?)
1.			
2.			
3.			
4.			
5.			

12. **Supportive Documents:** Please include all documents listed below if possible when submitting this template.

- Post Orders
- Property Map *(Collect a physical map and/or a list of the tenants/suites/departments)*
- Parking Rules
- Past Reports *(Finding past DARs and IRs that were well written and descriptive is a great way to determine what information needs to be included in the property setup.)*