

ABC Pharmacy

Anytown, Anystate

BURGLARY POLICY & PROCEDURES – for use by company personnel after a burglary. [TEMPLATE - items in blue should not be included in final policy]

*This template is intended to provide management with information on developing a written burglary policy. **This information should not be construed as legal advice or legal opinion on specific facts.** This is not intended as definitive statement on the subject but a tool, providing practical information for the reader. Users should consult with their own local counsel before implementing any of the suggested policies and procedures contained in this document.*

FACT: Technically, burglary is the unlawful entering into any property with intent to commit a crime. No forced entry is required to meet the definition of burglary. No property has to be removed. However, most often we think of burglary as a forced entry in order to commit theft.

FACT: Pharmacies have always been an attractive target for burglars!

FACT: Burglaries against pharmacies are increasing at an alarming rate.

FACT: Preventing burglaries is difficult, but not impossible. The object is to make the pharmacy less attractive to a potential thief so he/she/they move along to an easier target.

MAKING THE STORE A LESS ATTRACTIVE TARGET

- Arrange our stock shelves so that the most targeted drugs are not visible from the sales floor.
- Rearrange our stock shelves periodically so that the most targeted drugs are not always in the same location.
- Pharmacy personnel should not discuss these inventory controls to even other store personnel that don't have a "need to know", and certainly not within earshot of customers.
- Install a surveillance system. Make the cameras or camera housings obvious. Even "dummy" cameras can be effective deterrents. Hide and make secure the recording devices.
- Install an alarm system connected to the local law enforcement center or to a Central Station Alarm company. [See Alarm System White Paper on Risk Management section of www.phmic.com]
- Place any controls or circuit panels for the alarm or surveillance systems away from areas that can be accessed by the public, such as restrooms or the corridor leading to a back exit.
- Place signs and placards such as "Protected by ABC Alarm Systems" conspicuously throughout the store and on exterior doors (These will normally be available from your alarm system vendor).
- Analyze our operations' and facilities' most likely points of entry. Include less-well-protected neighboring properties that could be used as a staging area to enter our property. We will consider using beefed up deadbolt locks; tamper resistant door bars; metal, or metal clad, doors; changing to shatterproof glass or plexiglass; bars over windows; and/or metal security "gates" or "curtains".

- We will use strategically placed interior and exterior security lights. Leave on from dusk to dawn and/or store closing to store opening the next day. Interior – entries, cash register areas, the pharmacy ops area, entrance to and interior of the “office” area. Exterior – entries, parking lots, exposed walls. Consider “vandal-proof” lens or protective coverings on these outside flood lights.
 - We will train the sales floor staff to be alert, observant and to offer assistance to customers regularly and often.
 - All employees, at all times, should watch for suspicious behavior(s) from customers.
 1. Is the customer constantly looking behind, left or right, or above as if to see if anyone, or anything, is watching?
 2. Is a customer spending an inordinate amount of time looking at the same relatively high priced merchandise, or loitering outside, by the cashier stations, or the pharmacy operations area?
 3. Is a customer seemingly resentful or uneasy when a sales associate asks if they can assist?
 4. Make mental or, preferably, written notes, including descriptions, of any of the conditions noted above.
 5. Report any of the above conditions to store management.
 - Management – will keep a file of any such reports.
 - Management, pharmacy staff, and store staff should refrain from discussing store procedures, inventory controls, cash handling, store layouts, security systems, etc. with any outsider, even family, other than law enforcement personnel and/or vendors with a legitimate interest in a particular system.
 - Management will conduct full background checks, including credit checks and criminal checks, on any applicant for a pharmacy operations or cash handling job.
 - We will install a good quality safe in the floor or otherwise attached to the structure of the building to hold excess cash and/or scheduled drugs.
 - We will keep the safe locked at all times that the contents are not being actively handled.
 - We will restrict access, keys or combinations, to as few employees as is feasible.
 - We will deposit checks and large bills into a time lock drop safe often.
 - We will analyze our cash handling procedures. We will make deposits often in order to keep minimal amounts of cash on hand at any one time. We will no leave cash in cash registers overnight.
 - We will TRAIN the staff on proper procedures and to let them know what they might expect.
- ❖ Management can use the Burglary Resistance Survey form found as Appendix A to assess the vulnerability of your location and/or operations.

❖ What to do upon discovering a burglary:

- **CALL THE POLICE** – even if the alarm has been triggered.
- **Lock the doors. Prevent anyone from entering!** Preserve the crime scene for the law enforcement investigators. Don't touch anything the robbers may have touched and block off any areas the robber(s) was to protect evidence they may have left behind.
- Post signs at entries that the store opening will be delayed!
- If there has been damage to the property, call a contractor to **make repairs as soon as possible**. Protect property still on the premises from further damages or loss.
- When law enforcement arrives, greet them and assist in assessing whether or not the premises are secure.
- At this point, turn the matter over to the law enforcement officials. **Cooperate fully!**
- Refer any inquiries from outsiders (media, etc.) to the responding law enforcement agency.
- Do not discuss items or amounts taken with anyone other than law enforcement.
- Management – **Call the alarm company** vendor to reset or repair the alarm system!
- Management – **Call a third party/independent source to assess** the effectiveness of your alarm system. Why did it fail? What can and should be done to enhance the system?
- Management - Call Pharmacists Mutual to **open a claim file** and get instructions on the claims process.
- Management – fill out Internal Burglary Report (Appendix B)
- Management - Go to www.rxpathrol.org to fill out the Theft Report Form.

(appendix A)
BURGLARY RESISTANCE SURVEY

INSURED NAME : _____
ADDRESS _____ **LOCATION #** _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE _____ (____) _____ **ALTERNATE** (____) _____
CONTACT PERSON / TITLE: _____

SECURITY ALARM SYSTEM: **VENDOR** _____
ADDRESS: _____
CITY, STATE, ZIP _____
PHONE # _____ (____) _____

CENTRAL STATION? _____ **DIRECT TO LEC?** _____ **How far from location?** _____
LOCAL? _____ **Strobes?** _____ **Audio?** _____ **UPS FOR ENTIRE SYSTEM?** Y ___ N ___
SIGNAL SENT BY: **Phone lines** _____ **Cell phone** _____ **2-way radio** _____
WHERE IS CONTROLLER MOUNTED? _____ **IS THERE A DUMMY BOX?** _____
WHO KNOWS HOW TO DISARM? _____
PANIC BUTTONS? _____ **if yes, #** _____ **Location(s)** _____
MOTION SENSORS? yes or no, _____ **if so, #** _____ **BURGLAR TAPE?** _____ **VIBRATION SENSORS?** _____

MAG LATCHES? _____ **WHERE?** _____ **INFRARED DETECTORS?** _____
CAMERAS? _____ **CCTV, DIGITAL OR TAPE?** _____
IF SO, # AND LOCATION _____
AREAS SCANNED: _____
SPORADIC OR CONTINUOUS? _____ **HOW LONG ARE TAPES RETAINED?** _____
WHO MONITORS? _____

ENTRANCES: SECURITY GATES? **Front** _____ **Back** _____ **ROLL or ACCORDIAN?** _____
OTHER WINDOWS BARRED? _____
DOORS/LOCKS: **dead bolts** _____ **double tumblers** _____ **tamper resistant escutcheons** _____
Shatter-proof glass? _____
ROOF HATCH? _____ **IF SO, LOCKABLE?** _____
OTHER ROOF OPENINGS? **A/C?** _____ **SKYLIGHTS?** _____, **#** _____ **OTHER** _____
Alarm sensors? _____ **Type?** _____
DUCTWORK: **accessible** _____ **barriers?** _____ **type?** _____

SAFE: MAKE _____ **MODEL:** _____ **UL RATING:** _____
COMBINATION OR KEY: _____ **LOCKED WHEN NOT BEING ACCESSED?** _____
WHO HAS ACCESS: _____

CASH HANDLING: **double check verification of deposit amounts?** _____ **interim storage in locked safe?** _____
CASH & CHECKS IN SAFE OVERNIGHT: _____ **IF YES, AVE AMOUNT** _____
IF NOT, AFTER HOURS BANK DEPOSIT? _____ **more than one person?** _____
\$ STORED ELSEWHERE ON PREMISES: _____ **WHERE:** _____

DRUG CABINET: **MAKE** _____ **MODEL** _____ **LOCATION** _____

EXPOSING STRUCTURES / OCCUPANCIES: **(both sides)** _____
above? _____
basement? (is it common to neighboring?) _____
WALL CONSTRUCTION: **block** _____ **sheetrock** _____ **plaster** _____ **metal** _____
other? _____

LIGHTING / VISUAL: **interior night lights locations** _____
exterior security lights? _____ **locations** _____
windows: ground to ceiling _____ **partial** _____ **signs blocking view?** _____

POLICIES & PROCEDURES: **CLOSING:** **who's responsible?** _____ **more than one?** _____
_____ **visually inspect restrooms, fitting rooms, etc. (hiding places)** _____
BURGLARY PROCEDURE _____ **(get copy)** _____ **ROBBERY P & P** _____ **(get copy)** _____

[appendix B]
INTERNAL BURGLARY REPORT
ABC PHARMACY
Please print or type this form

Date of incident _____ approx. time of incident _____
Store Name _____
Store address _____

Police Report # _____ Officer in charge _____

Did alarm system perform as designed? Yes ___ No ___

If Yes, how long between alarm and law enforcement arrival? _____ (min.)

Suspect(s) apprehended? Yes ___ No ___

Damage to building? Yes ___ No ___

If yes, what was damaged?

Repairs made? Yes ___ No ___ Temporary or permanent? Temp? ___ Perm.? ___

Written narrative of incident

_____ (continue on back if necessary)

Merchandise stolen? _____ Retail value? \$ _____

Merchandise stolen? _____ Retail value? \$ _____

Merchandise stolen? _____ Retail value? \$ _____

Recovered? Yes ___ No ___ Where is it now? _____

Person filling out this report:

(Print name) home phone number

Signature date