

Chapter (Number)

Section (Number)

Policy No.: (Number)

Securing Against Unauthorized Physical Access

PURPOSE

- 1 To ensure that the physical access to high security areas is to be controlled with strong identification and authentication techniques. Staff with authorization to enter such areas are to be provided with information on the potential security risks involved.

SCOPE

- 2 This policy covers all of the following:

This policy covers all areas of [Company] premises especially high security areas such as forensics lab and critical servers placement areas. This policy also covers other areas that surround [Company] premises. All [Company] personnel are to adhere to this policy.

DEFINITIONS

3	Terms	Definitions
	High Security Areas	Areas that if affected by security breaches, may lead to exposure of confidential information that may tarnish [Company]'s image / reputation.

POLICY

- 4 All [Company] personnel shall ensure that only authorized personnel are allowed access to [Company] premises. The following controls should be considered.

a) Visitors to secure areas should be supervised or cleared and their date and time of entry and departure recorded. They should only be granted access for specific, authorized purposes and should be issued with instructions on the security requirements of the area and on emergency procedures.

b) Access to sensitive information, and information processing facilities, should be controlled and restricted to authorized persons only. Authentication controls, e.g. swipe card plus PIN, should be used to authorize and validate all access. An audit trail of all access should be securely maintained.

c) All personnel should be required to wear some form of visible identification and should be encouraged to challenge unescorted strangers and anyone not wearing visible identification.

d) Access rights to secure areas should be regularly reviewed and updated.

ENFORCEMENT

5 Any employee found to have violated this policy may be subject to warnings and/or disciplinary action, up to and including termination of employment.

REVISION HISTORY

6 1st version: Date

AUTHOR

7 Done by : Author's Name
Title : Position

MANAGEMENT APPROVAL

8 Approved by : Approver's 1 Name
Title : Position
Date :

Signature : _____

Authorized by : Approver's 2 Name

Title : Position

Date :

Signature : _____