



TOTC

PHYSICAL INSPECTION CHECKLIST

Commercial Address Inspection

Residence Address Inspection

Business Name \_\_\_\_\_
Address \_\_\_\_\_
FA Tracking #: \_\_\_\_\_ Phone: \_\_\_\_\_
Type of Business \_\_\_\_\_ Cost Center Code \_\_\_\_\_
Person Interviewed \_\_\_\_\_ Number of Employees \_\_\_\_\_

- 1. Is the office located in a commercial building (as opposed to a private residence/apartment?) [ ] No [ ] Yes
If yes, skip to question 2, if no, complete the following questions
A. Residence, is the business operation physically separate from the living quarters? [ ] No [ ] Yes
B. Residence, have security measures been taken to restrict access to the work area? [ ] No [ ] Yes
if no, please explain: \_\_\_\_\_
C. Residence, is there a permanent sign identifying the business on premises? [ ] No [ ] Yes
D. Residence, is there a separate phone with a listing under the name of the business? [ ] No [ ] Yes
E. Residence, total employees working from this location? (May Include Owner) \_\_\_\_\_
2. Is the business actually located at the address stated on the application? [ ] No [ ] Yes
If no, please explain: \_\_\_\_\_
3. Is there a permanent sign on the door or window, which identifies the company? [ ] No [ ] Yes
Does it reflect the same name listed above? [ ] No [ ] Yes
If no, what is the exact name appearing on the sign? \_\_\_\_\_
4. Are the signs and/or advertisements consistent with the type of business listed above? [ ] No [ ] Yes
If no, please explain \_\_\_\_\_
5. Does the space appear to be a temporary executive office suite or other temporary facility? [ ] No [ ] Yes
If yes, how long at this facility? \_\_\_\_\_
6. Is office space shared with another business? [ ] No [ ] Yes
If yes, list the company names: \_\_\_\_\_
If yes, is there any affiliation between the companies? [ ] No [ ] Yes
What are the services provided by the other companies? \_\_\_\_\_
7. Do the space, furnishings and office equipment match the size/type of business noted above? [ ] No [ ] Yes
8. Are customer applications/credit reports stored onsite? [ ] No [ ] Yes
9. Is the company name on stationery, business cards, the same as the name above? [ ] No [ ] Yes
(Note: Try to obtain samples of stationery, business cards and advertisements and forward with inspection form)
10. Is there evidence (i.e. advertising material, letterhead, business cards, etc.) that the business is involved or associated with any of the unsuitable businesses listed below? [ ] No [ ] Yes

(please check all that apply)

- [ ] Adult Entertainment Service, any type [ ] Asset Location Services [ ] Attorney of Law Office, any type [ ] Law Enforcement Agency
[ ] Bail Bondsman [ ] Check Cashing [ ] Company of individual in spiritual counseling [ ] Company seeking info. in connection with time shares
[ ] Massage Service [ ] Company that locates missing children [ ] Credit Counseling [ ] Credit Repair Clinic
[ ] Dating Service [ ] Financial Counseling [ ] Genealogical or Heir Research Firm [ ] Individual seeking information for their Private Use
[ ] Insurance Claims [ ] Investigative Company [ ] Law Firm [ ] Company that handles third party repossession
[ ] News Agency or Journalist [ ] Pawn Shop [ ] Business that operates out of an apartment or unrestricted location within a residence
[ ] Subscriptions (Magazines, book clubs, record clubs, etc.) [ ] Private Detectives or Detective Agencies [ ] Tattoo Service [ ] Health Club [ ] Continuity Club
[ ] Security Services

- 11. Does it appear that the prospective customer's stated purpose in obtaining credit reports is compatible with the type of business it appears to be conducting? [ ] No [ ] Yes
12. Is the business license displayed in the office? [ ] No [ ] Yes
If no, explain: \_\_\_\_\_
If yes, please record: License number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Business Type/SIC on License: \_\_\_\_\_ License Agency/Phone: \_\_\_\_\_
13. Document Destruction/Storage
Are customer files stored in locked file cabinets? [ ] No [ ] Yes
How does the customer destroy confidential documents? [ ] Shredder [ ] Destruction Service Other \_\_\_\_\_
14. Location of equipment used to access credit reports? \_\_\_\_\_

15. Is access of equipment restricted?

No  Yes

If yes, how? \_\_\_\_\_

16. If no is the equipment secured to the desk by a PC lock?

No  Yes

17. Is the PC password protected?

No  Yes

18. Is the PC viewable by non-employees?

No  Yes

**I certify the above to be true and correct:**

Inspector's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

Interviewee's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

FAX TO (800) 227-5573