AIRPORT SECURITY CHECKPOINT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Screening Equipment

☐ Yes ☐ No — X-ray machines are calibrated and operational

☐ Yes ☐ No — Walk-through metal detectors are functioning correctly

☐ Yes ☐ No — Explosive trace detection systems are ready for use

☐ Yes ☐ No — Conveyor belts and rollers are free of obstructions

Personnel & Procedures

☐ Yes ☐ No — Staffing levels meet required operational standards

☐ Yes ☐ No — Personnel are wearing valid identification badges

☐ Yes ☐ No — Passenger screening protocols are being followed

☐ Yes ☐ No — Hand-carry baggage search procedures are compliant

Physical Security

☐ Yes ☐ No — Queue management barriers are properly positioned

☐ Yes ☐ No — Security signage is visible and legible to passengers

☐ Yes ☐ No — Access control doors are secured and monitored

☐ Yes ☐ No — Lighting in the screening area is adequate

Documentation & Compliance

☐ Yes ☐ No — Daily equipment test logs are current and signed

☐ Yes ☐ No — Emergency response procedures are readily available

☐ Yes ☐ No — Prohibited items list is clearly displayed

☐ Yes ☐ No — Training records for on-duty staff are up to date

FINAL NOTES

Inspector Comments:

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_____

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately