

2014 Staten Island Chamber of Commerce Safety and Security Survey



I. General Information

Business Name:

Business Address:

1. Are you a Member of the Staten Island Chamber of Commerce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
2. Which industry sector best describes your business? (Please check only one)	<input type="checkbox"/> Civil service/government <input type="checkbox"/> Consulting <input type="checkbox"/> Education <input type="checkbox"/> Health Care <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional practice <input type="checkbox"/> Retail <input type="checkbox"/> Technology <input type="checkbox"/> Security Services	<input type="checkbox"/> Construction <input type="checkbox"/> Distribution <input type="checkbox"/> Financial services <input type="checkbox"/> Hospitality, catering, food, beverage <input type="checkbox"/> Not-for-profit <input type="checkbox"/> Real estate <input type="checkbox"/> Sports/recreation/entertainment <input type="checkbox"/> Utilities <input type="checkbox"/> Other (Please Specify)
3. Which safety and security issues are you concerned about the most? (Check all that apply)	<input type="checkbox"/> Identity theft <input type="checkbox"/> Terrorism <input type="checkbox"/> Internet Security <input type="checkbox"/> Protection of data from theft <input type="checkbox"/> Scamming (phone, green dot cards)	<input type="checkbox"/> Retail Crime <input type="checkbox"/> Retailer Liability as it relates to credit card fraud <input type="checkbox"/> Banking Security <input type="checkbox"/> Protection of data from dishonest employees <input type="checkbox"/> Other (please specify)
4. Would you attend an educational seminar regarding any of the above topics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Would you be interested in a product seminar about alarms, security cameras etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. How many seminars would you likely attend in a year on safety and security issues?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3	
7. Have you been affected with safety and security issues in the past 2 years? If so, how often?	<input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> More than 3 times	
8. If you or your business was affected, how so? (Check all that apply)	<input type="checkbox"/> Identity Theft <input type="checkbox"/> Terrorism <input type="checkbox"/> Credit Card Fraud <input type="checkbox"/> Banking Security <input type="checkbox"/> Protection of data from dishonest employees <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Retail Crime <input type="checkbox"/> Retailer Liability as it relates to credit card fraud <input type="checkbox"/> Internet Security <input type="checkbox"/> Protection of data from theft <input type="checkbox"/> Scamming (phone, green dot cards)
9. What was the damage/cost that was caused by the issue?		

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