

EMERGENCY ACTION AND RECOVERY PLAN FOR RELIGIOUS ORGANIZATIONS

PURPOSE

Preplanning is essential for successfully minimizing any adverse effects of an emergency or disaster on a religious organization and its operations. Emergencies and disasters can take many forms, including physical perils, work accidents, or deliberate acts of terrorism or sabotage. The following action and recovery plans have been designed to identify the key elements that should be followed to help reduce the impact of an emergency or disaster.

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EMERGENCY TELEPHONE NUMBERS

An emergency is any situation – actual or imminent – that endangers the safety and lives of volunteers or the security of property.

For assistance in a medical or safety emergency, call 911 or the local emergency numbers listed below.

EMERGENCY 911

When you call:

- Identify yourself and the specific location of the emergency. Give the street address. Tell what has occurred. Be concise and factual.
- Relate known or suspected injuries or fatalities. Identify immediate help needed.
- If appropriate, notify individuals on your location's emergency contact list.
- Stay on the phone until the operator advises you to hang up.

Local Emergency Numbers

Ambulance _____	Rape/Victim Services _____
Fire _____	Rescue _____
Gas Leaks _____	Doctor _____
Poison Information Center _____	Local Civil Defense _____
Police (emergency) _____	Local Weather Line _____
Police (non-emergency) _____	

Your Location's Emergency Contact List

Individuals who should be contacted in an emergency are:

<i>Name</i>	<i>Work Number</i>	<i>Home Number</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

MEDICAL EMERGENCY

EMERGENCY ACTIONS –

In the event of an injury or other medical emergency:

- Call designated individuals listed in Emergency Contact List.
 - Identify your location: building name, street address, office/room/area of building (_____)
 - Describe the situation:
 - What has happened;
 - Type(s) of injuries; and
 - Help needed.
- Obtain or provide on-site first aid.
- Alert any necessary individuals that an emergency is occurring.
- Alert appropriate individual _____ (*insert name*) who has reference to any personnel files for emergency medical instructions (e.g. diabetic).
- Designated individual _____ (*insert name*) that should be chosen to notify family as appropriate.
- Make sure someone is in the parking lot to direct the emergency team.
- Contact personnel at your location who are trained and certified to administer First Aid/CPR.

<i>Name</i>	<i>Telephone</i>	<i>First Aid</i>	<i>CPR</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

FIRE

Evaluate your building:

- Type construction;
- Heating system;
- Fire exits;
- Evacuation routes;
- Elevators;
- Smoke barrier system (e.g., fire doors, utility chases); and
- Detection devices (e.g., heat, smoke or flame detectors, local or central station system).

Know the location of fire emergency resources in your area:

- Fire alarm pull stations;
- Fire extinguishers;
- Sprinkler system;
- Emergency lighting; and
- Detection devices (e.g., heat, smoke or flame detectors).

A fire evacuation diagram for each building should be developed containing all of the above items. This diagram should be posted throughout the building in visible prominent locations.

Know your occupants:

- Pre-school;
- Sunday school;
- Day care or nursery;
- Any outside organizations who utilize your facility; and
- When the facility is at its greatest occupancy.

EMERGENCY ACTIONS – If a fire occurs, or you detect smoke or a burning odor:

- Pull the closest fire alarm to initiate building evacuation.
- Call 911 and report:
 - The location of the fire (address of building);
 - The suspected cause and current status of the fire; and
 - Your name and phone number.
- **DO NOT** use elevators.
- Exit building using the closest possible evacuation route.
- After all individuals have been cleared from the area, close all doors to the immediate area of the fire to help isolate the smoke and fire.
- Use the proper fire extinguishers to fight the fire if there is no additional danger to yourself.
- Follow all instructions from the fire department and police.
- Assemble outside the facility in designated areas: _____ (insert areas)
- Account for all individuals once assembled in designated areas.
- **DO NOT go back into the building. Re-enter only after the all-clear is given by the fire department.**

Fire Drills:

- Conduct on regular periodic intervals;
- Identify opportunities for improvement of current fire evacuation plan; and
- Opportunity for staff to put plan into action.

Items to evaluate:

- Transmission of alarm;
- Preparation for building evacuation;
- Assembly and accounting of individuals; and
- Overall following of written fire evacuation plan.

SEVERE WEATHER/TORNADO

As severe thunderstorms and tornadoes can affect almost all areas of the country, this section is devoted to procedures that should be followed in the event of these severe weather conditions.

EMERGENCY ACTIONS –

Should threatening weather conditions develop:

- Use your location's weather alert radio or television weather channel to monitor the approach and severity of the weather:
- "Tornado Watch" means weather conditions are favorable to the formation of tornadoes.
- "Tornado Warning" means a tornado has been sighted in the area.
- If the Weather Service issues a severe weather or tornado warning for your immediate area, warn all individuals.
- Close all doors; stay away from windows.
- Employees should move to a pre-planned shelter area.
- A flashlight and battery-powered radio should be made available to keep in or take to the shelter area.
- Remain in the shelter area until an all-clear is given.
- Reconvene employees when the emergency is past to make sure everyone is safe.
- Discourage employees from leaving the building in the event of an emergency.

SHELTERS

Best areas:

- Basement;
- Inside walls on opposite side of corridor from which storm is approaching;
- Restrooms without windows; and
- Interior hallway on lowest or ground floor (no windows, doors secured at either end).

Areas to avoid:

- Lobbies;
- Walkways;
- Atriums;
- End rooms in one-story buildings;
- Rooms with large glass areas; and
- Hallways that could become "wind tunnels."

In open country: If you're in a car, don't attempt to drive out of the way of a tornado. Tornadoes are very unpredictable in their movements. Get out of your car and lie flat in the nearest ditch or ravine, face down with hands over the back of your head.

NATURAL DISASTERS

EMERGENCY ACTIONS

BLIZZARDS

- Monitor approaching winter storm conditions – freezing rain, sleet, heavy snow, sustained high winds, wind-chill conditions.
- Ensure that employees are aware of cold weather safety rules and understand policy for operating or closing under adverse weather conditions.

FLOODS

- In heavy rains, be aware of flash floods. If you see any possibility of a flash flood occurring, move immediately to a safer location.
- Monitor reports on flood conditions. If advised to evacuate:
 - Secure the building;
 - Lock the doors and windows; and
 - Calmly leave immediately.

LIGHTNING

- When a thunderstorm threatens, go immediately inside for protection.
- While indoors, stay away from windows, water, sinks, faucets and phones.
- If you are in a hard-topped car, stay there.
- If you are caught outside, stay away from any object that could act as a natural lightning rod, such as a tall tree in an open area. Stay clear of open fields, open water or small isolated sheds. If you are caught in a field, crouch low to the ground, but do not lie flat on the ground.
- Get away from fences or other metal objects.

MENACING PERSON/WEAPONS THREAT

EMERGENCY ACTIONS –

If there is a potentially dangerous person in your area:

- **Call 911 or other designated emergency number, _____(insert number), when it is safe to do so.**
- Notify any trustees or designated emergency personnel, _____(insert name) trained to handle these situations.
 - If you are in a position to explain your situation, give as much information as possible.
 - Give your address.
- Remain calm and cooperate with the person(s). Make no sudden movements.
- If safe to do so, quietly leave the area.
- If the threat is outside the building, lock the facility immediately.

Kidnapping/Hostage Situation

Emergency Actions – For any situation involving either kidnapping or a hostage situation of a staff person or member of the facility, summon appropriate designated personnel immediately.

If you receive a phone call regarding an employee or member kidnapping/hostage situation:

- Keep caller on the line to get as much information as possible.
- Use the Kidnapping/Hostage Checklist to record all information.

If you receive a ransom note:

- Call appropriate designated personnel immediately. Minimize additional handling of the note until it can be delivered to authorities.

FACILITY CLOSING

Official closing of the facility for unscheduled reasons will be ordered by a designated individual.

EMERGENCY ACTIONS:

- Notice of closings during office hours will be given by _____(insert name) to employees.
- Notice of cancellation of regular services or special activities will be given by _____(insert name).

MEDIA COMMUNICATIONS

Emergency situations attract media attention. For that reason, media crisis communications are an important part of emergency response procedures.

EMERGENCY ACTIONS

Instruct employees to direct all media inquiries they receive to the designated church representative, _____(insert name). This will help ensure that all media interview the designated spokesperson and that all media receive accurate, identical information.

HARASSING/OBSCENE TELEPHONE CALLS

If you are receiving harassing calls, the best way to handle the situation is to immediately hang up without saying anything to the caller. If the caller does not receive a response, he/she will usually stop calling.

- If the calls are threatening in any way, or are continuous, please contact _____ (insert name) immediately. Please give this designated individual the following information.
 - Your name, extension number, and location;
 - Date and time of harassing calls; and
 - Content of the calls.
- If any harassing or obscene messages are left in your voicemail box, save those messages in case they are needed for evidence.
- Sometimes callers become abusive. If all customer relations tools and techniques do not move the customer into more productive behavior, it might become necessary to terminate the conversation.
- Display empathy for caller's predicament.
- Remain calm and reasonable.
- Forewarn caller that unless abusive language is discontinued, you will hang up.
(Ex: *"I'm sorry you feel the way you do. However, this conversation is not productive, so if we can't get back on a positive track, I will terminate this call."*)

BOMB THREAT

EMERGENCY ACTIONS –

WHEN A BOMB THREAT IS RECEIVED BY PHONE:

- If the threat of explosion is immediate, evacuate all people from the premises at once.
- If the caller indicates there's some time before the bomb will go off:
 - Try to get as much information as possible about the location and description of the bomb and the caller. *Use the BOMB THREAT CHECKLIST to record all information.*
 - Stay on the line only as long as the caller continues to provide useful information.
 - Immediately evacuate the premises. *Take the checklist with you.*
- *Call 911 or other designated emergency number, _____ (insert number), and convey all of the above information.*
- All bomb threats and warnings received by telephone or mail should be reported immediately to designated church employees.

EMERGENCY ACTIONS –

DISCOVERY OF A SUSPICIOUS ITEM:

If you find an item you suspect is a bomb, **DO NOT** touch, move or disturb the item. *Call 911 or other designated emergency number, _____ (insert number), immediately.* Then notify the appropriate individuals. Keep persons away from the area until help arrives.

- Do not use cell phones or electrical devices anywhere near the suspicious package.

DOMESTIC SITUATION

EMERGENCY ACTIONS –

For any domestic situation:

- Call the designated individual, _____ (insert name).
- Remain calm.
- If safe to do so, alert other employees that an emergency/danger is present or imminent and quietly leave the area.
- In the event that you observe volatile behavior, politely ask to intercede. Continue to monitor the situation. If it accelerates, call 911 or other designated emergency number, _____, (insert phone number), if necessary.

RECOVERY PROFILE

Congratulations! You are demonstrating excellence in preparedness planning by compiling a comprehensive information source to use in case of a disaster. Emergencies like fires, smoke, water, or vandalism damage at your facility will always strike without warning.

Immediate response in a crisis can save thousands of dollars in reducing damage. It also may allow you to resume normal business operations faster, eliminating the many problems extended business interruptions can create. KEEP THIS INFORMATION IN A SAFE LOCATION ON-SITE, AS WELL AS AT THE KEY STAFF MEMBER'S HOME. You also may require that the following information is on file with the person in charge of contingency planning for your church.

Developed for: _____

Religious organization: _____

Address: _____

Contact person: _____

Business phone: _____

After hours phone: _____

This plan was completed by: _____

Name: _____

Date: _____

Phone: _____

TRUSTEES WITH FINANCIAL AUTHORIZATION APPROVAL

Purpose: To know who in your religious organization has the authority to sign work authorizations on-site so work can begin without delay in case of a disaster.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

INSURANCE INFORMATION

Purpose:

To notify the church's insurance company of the problem as soon as possible.

Insurance provider: _____
Building insurance carrier name: _____
Phone: _____
Contents insurance carrier name: _____
Phone: _____
Insurance broker name: _____
Phone: _____

BUILDING CONTRACTORS

- General contractor:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Phone emergency service:* _____ Phone number _____
 Contact person: _____ Emergency phone: _____
- Sprinkler service:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Computer maintenance:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Elevator maintenance:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Generator rental:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Electrical contractor:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Plumber:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Glass company:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Snow removal:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Emergency board-up:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Window cleaning company:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Environmental hauling company:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- HVAC contractor:* _____ Phone number: _____
 Contact person: _____ Emergency phone: _____
- Building Insurance Carrier Name:* _____ Phone number: _____
 Agent Name: _____ Emergency phone: _____
- Workers' Compensation Insurance*
Carrier Name: _____ Phone number: _____
 Insurance Broker Name: _____ Emergency phone: _____

NOTE: A separate Disaster Recovery Profile should be completed for each building.

Who is the building engineer, plant foreman, or chief of maintenance that has intimate knowledge of the facility? _____

Name: _____ Phone: _____



PRIMARY BUILDING STATISTICS

1. **YEAR CONSTRUCTED:** _____

2. **YEAR OF LATEST RENOVATION (structural):** _____

3. **BLUEPRINT LOCATION (specifically):** _____

4. **BLUEPRINT CHECKLIST:**

<input type="checkbox"/> Electrical	<input type="checkbox"/> Structural	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Dimensions	<input type="checkbox"/> HVAC	<input type="checkbox"/> Renovations (structural)

5. **BUILDING SPECS:** Number of floors: _____ Square footage per floor: _____ Total square footage: _____

6. **ELEVATOR:** Number of elevators: _____ Manual (override): _____
Elevator that operates on emergency back-up power: _____

7. **STAIR WELLS:** Number of stairwells: _____ Alarmed/self locking: _____ Emergency lighting: _____
Inside/outside of building: _____ Vented: _____

8. **ENTRANCES:** Number of entrances: _____
Loading docks: _____ Size: _____
Overhead doors: _____ Size: _____
Walk through doors: _____ Size: _____

9. **BUILDING USAGE:**

<input type="checkbox"/> Offices	<input type="checkbox"/> Distribution center	<input type="checkbox"/> Retail sales	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Mall	<input type="checkbox"/> Storage	<input type="checkbox"/> Apartments
<input type="checkbox"/> Professional	<input type="checkbox"/> Medical facility	<input type="checkbox"/> Cold storage w/ back-up power?	
<input type="checkbox"/> Classroom	<input type="checkbox"/> Other: _____		

10. **STANDARD OFFICE HOURS OPEN:** _____ TO _____

11. **TYPE OF HEATING SYSTEM:**

<input type="checkbox"/> Electric	<input type="checkbox"/> Steam	<input type="checkbox"/> Central system
<input type="checkbox"/> Gas / Radiator	<input type="checkbox"/> Localized system	<input type="checkbox"/> Oil
<input type="checkbox"/> Forced air	<input type="checkbox"/> Individual system	

Smoke Sensor in HVAC duct system: Yes No

12. **HOT WATER HEATERS** Number of tanks: _____ Location of tanks: _____

13. **PLUMBING INFORMATION**

Number of restrooms per floor: _____

Number of water fountains: _____

Number of water closets: _____

Water main shut-off location: _____

Sprinkler shut-off location: _____

Water/sewer: _____ Public _____ On-site _____

14. FIRE PROTECTION:

- Halon Sprinkler Dry system
 Fire extinguisher Other _____

15. HAZARDOUS MATERIALS ON ANY STRUCTURAL SURFACES?

- Asbestos Blown Asbestos tile None
 Asbestos pipe wrap Other _____

16. HAZARDOUS MATERIAL STORED ON-SITE

- A. Are any hazardous materials stored on-site? Yes No
 B. Are they registered with the proper authorities? Yes No
 C. List location and specifics on what type of materials are stored: _____

17. ELECTRICAL

- A. Distribution location: _____
 B. Building service capacity: _____ AMPS
 C. Service capacity per floor: _____ AMPS
 D. Breaker panel location: _____
 E. Number of 20 AMP circuits per floor: _____
 F. Number of 15 AMP circuits per floor: _____

18. EMERGENCY LIGHTING: How long will it stay lit during a power outage? _____

19. BUILDING CONSTRUCTION TYPE:

Structure	Roof	Walls	Floors	Roof deck
___% Metal Frame	___% Built-up Roof	___% Metal Stud/Drywall	___% Carpeted	___% Concrete
___% Wood Frame	___% High Ribbed Metal	___% Partitions	___% Vinyl Tile	___% Steel
___% Concrete/reinforced	___% SinglePly membrane	___% Wood stud/drywall	___% Marble/stone	
___% Other _____	___% Other _____	___% Other _____	___% Wood	
			___% Concrete	
			___% Other	

20. ARE THERE ANY SPECIAL FLOORS/WALLS IN THE BUILDING:

- Special paints/surface Raised floor Vaulted ceilings Drop ceiling Ceilings over 20'
 Other _____

Notes: (unusual restoration requirements) _____

GROUNDS

1. ***BUILDING/GROUNDS MISCELLANEOUS*** On-site parking Storage area Hazardous storage area
2. ***PARKING LOT DRAINAGE*** On-site Stream/lake Public sewer
3. ***OUTSIDE BUILDINGS*** Electrical building Storage shed Pump station Mechanical shed
 Guard house Other
4. ***STORAGE TANKS*** Water Chemicals Oil Gasoline Diesel
 Other _____
5. ***DUMPSTER*** Type: Front open Top open Compactor
Number _____ Size: _____

FURNITURE & FIXTURES

1. ***DO YOU HAVE A FURNITURE AND FIXTURES DETAIL REPORT FOR THIS LOCATION? (THIS SHOULD INCLUDE, BUT NOT BE LIMITED TO, STAINED GLASS WINDOWS, ORGAN SYSTEM AND PEWS.)*** Yes (attach copy) No
Notes: _____
2. ***DO YOU HAVE VIDEO TAPE DOCUMENTATION OF FURNITURE AND FIXTURES IN A SECURE, FIRE-PROOF LOCATION?***
 Yes No Notes: _____
3. ***DO YOU HAVE SPECIAL OR CUSTOM-BUILT FURNITURE AND FIXTURES?***
 Yes (list source, brand and model number) No
Notes: _____
4. ***DO YOU HAVE LIGHTING SYSTEMS:*** Fluorescent Chandeliers Recessed with covers Specialty lighting/other
Notes: _____
5. ***DO YOU HAVE WINDOW COVERINGS:*** Venetian blinds Pull blinds Drapes Vertical blinds Other _____
Notes: _____

ELECTRONICS/AUDIO VISUAL

(list source, brand and model number)

1. **IS THERE A WRITTEN COMPUTER/ELECTRONIC HARDWARE AND SOFTWARE DETAIL LIST?** Yes (attach list) No

Notes _____

2. **IS ALL SOFTWARE BACKED UP AND IN A SECURE, FIRE PROOF LOCATION?** Yes No

Backup policy: _____
Location: _____
Notes _____

3. **ON WHAT MEDIUM IS INFORMATION STORED?** Magnetic tape Floppy disk Optical/laser disk
 Hard disk All of the above Other _____

4. **IS ANY OF THE ELECTRONIC DATA PROCESSING (EDP) EQUIPMENT LEASED?** Yes No

Leasing agent: _____ Phone: _____
Notes _____

5. **IS THERE A SERVICE MAINTENANCE CONTRACT IN PLACE LOCALLY FOR EDP EQUIPMENT?** Yes No

If yes, list company: _____
Address: _____ Phone: _____

6. **SHOULD THE FACILITY SUSTAIN A LOSS RENDERING THE SYSTEM USELESS FOR A PERIOD OF TIME, HAS AN ALTERNATE PLAN OF ACTION BEEN DETERMINED?** Yes (attach list) No Notes _____

7. **IS THERE A PERSON ON-SITE WHO HAS INTIMATE KNOWLEDGE OF THE EDP SYSTEMS?** Yes No

Name: _____ Phone: _____
After Hours Phone: _____

8. **DO WE HAVE ANY SPECIAL OR ADDITIONAL INSURANCE COVERAGE FOR EDP OR COMMUNICATION EQUIPMENT?**

Yes No

Company Name: _____ Contact Person: _____
Address: _____
Notes _____

VALUABLE DOCUMENT, BOOK, AND RECORD PROTECTION

1. **IS THERE A PRIORITY SELECTION LIST OF VITAL RECORDS, BOOKS, AND DOCUMENTS?** Yes (attach list) No

Notes _____

2. **WHO IS RESPONSIBLE FOR STARTING THE FOLLOWING PHASES OF BOOKS AND DOCUMENTS RESTORATION?**

A. DAMAGE ASSESSMENT: Name: _____ Phone: _____

B. STABILIZATION: PICK OUT AND PACK OUT Name: _____ Phone: _____

C. RESTORATION PHASE – THE PROCESSING OF THE ACTUAL DATA TO A RESTORED AND ACCESSIBLE CONDITION:

Name: _____ Phone: _____

D. RELOCATION – THE INDEXING, LABELING, MARKING AND REFILING OF RESTORED BOOKS AND RECORDS

FOR USE AND SERVICE: Name: _____ Phone: _____

3. **IS THERE ANY MECHANICAL OR SPECIAL EQUIPMENT (E.G., MICROFICHE) USED TO STORE THE INFORMATION CONCERNING THESE BOOKS AND RECORDS? IF SO, ARE THERE PROVISIONS FOR PROTECTING IT?** Yes No

Notes _____

4. **ARE CONFIDENTIAL (RESTRICTED ACCESS) FILES AND DOCUMENTS MARKED AND PRIORITIZED FOR EMERGENCY REMOVAL?** Yes No

Notes: _____

VALUABLE CONTENTS

1. **ARE THERE ANY ANTIQUES, ART WORK, HAND BELLS, SHEET MUSIC, OR OTHER VALUABLE COLLECTIBLES?** _____

2. **WHO IS RESPONSIBLE FOR THE FATE OF VALUABLES?** _____

3. **ARE VALUABLES INSURED FOR DISASTER AS WELL AS THEFT?** _____

VALUABLE DOCUMENT, BOOK, AND RECORD PROTECTION

1. **IS THERE A PRIORITY SELECTION LIST OF VITAL RECORDS, BOOKS, AND DOCUMENTS?** Yes (attach list) No

Notes _____

2. **WHO IS RESPONSIBLE FOR STARTING THE FOLLOWING PHASES OF BOOKS AND DOCUMENTS RESTORATION?**

A. DAMAGE ASSESSMENT: Name: _____ Phone: _____

B. STABILIZATION: PICK OUT AND PACK OUT Name: _____ Phone: _____

C. RESTORATION PHASE – THE PROCESSING OF THE ACTUAL DATA TO A RESTORED AND ACCESSIBLE CONDITION:

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Notes _____

4. **ARE CONFIDENTIAL (RESTRICTED ACCESS) FILES AND DOCUMENTS MARKED AND PRIORITIZED FOR EMERGENCY REMOVAL?** Yes No

Notes: _____

VALUABLE CONTENTS

1. **ARE THERE ANY ANTIQUES, ART WORK, HAND BELLS, SHEET MUSIC, OR OTHER VALUABLE COLLECTIBLES?** _____

2. **WHO IS RESPONSIBLE FOR THE FATE OF VALUABLES?** _____

3. **ARE VALUABLES INSURED FOR DISASTER AS WELL AS THEFT?** _____

ANTIQUES – ARTWORK – COLLECTIBLES

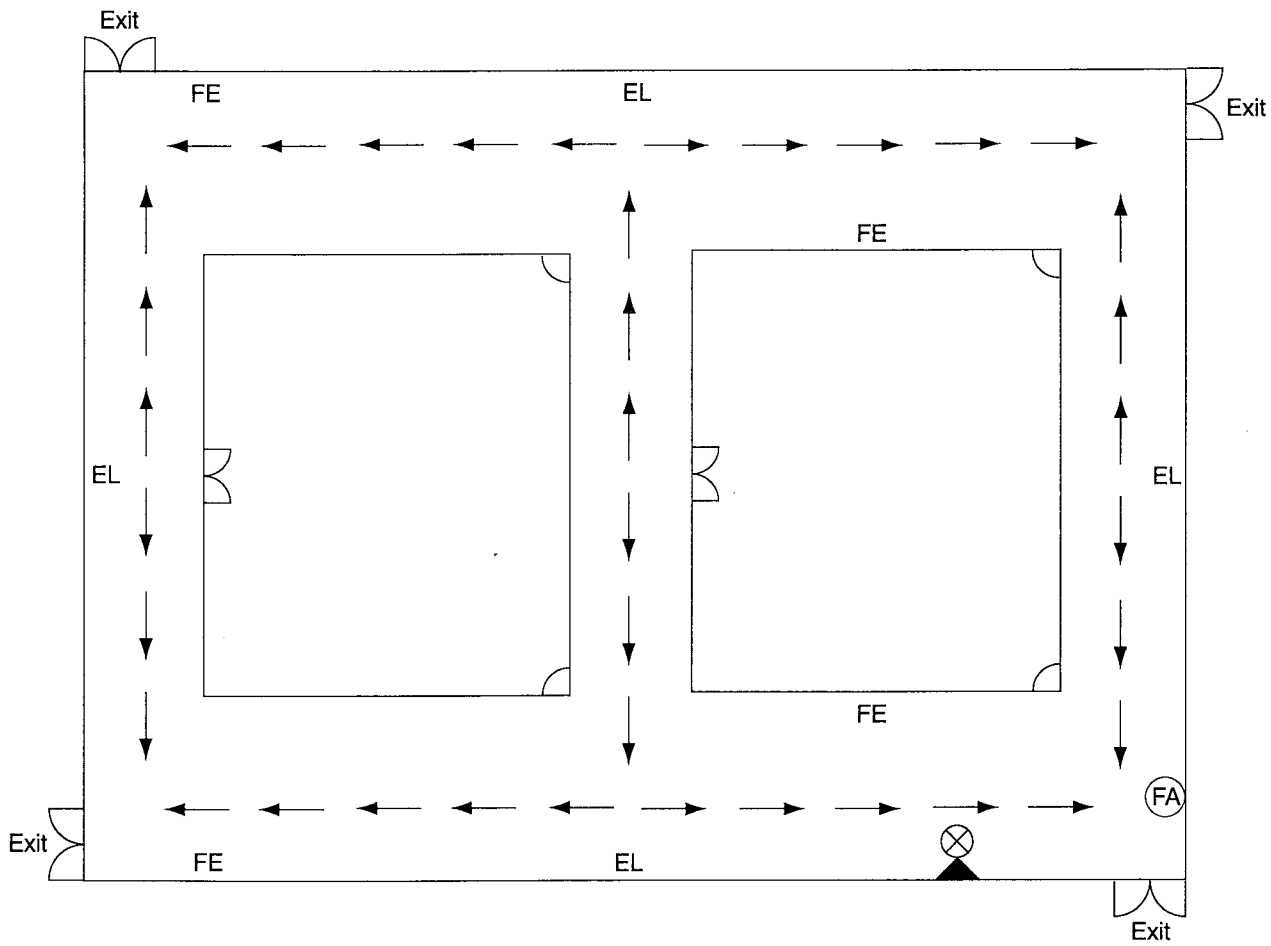
LAST UPDATE:

	LOCATION	ITEM	PERSON RESPONSIBLE	\$ VALUE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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29.				
30.				
31.				

SAMPLE EMERGENCY EVACUATION DIAGRAM

(APPENDIX A)

(Sample)



- Evacuation Routes
- ⊗ Sprinkler Main
- FE Fire Extinguisher
- EL Emergency Lighting
- ⊙ FA Fire/Alarm Panel

BOMB THREAT CHECKLIST

(APPENDIX B)

Use this form to record all information if you receive a bomb threat.

BE CALM. BE COURTEOUS. LISTEN. DO NOT INTERRUPT.

EXACT WORDS OF CALLER: _____

QUESTIONS TO ASK?

1. When is the bomb going to explode? _____
2. Where is the bomb right now? _____
3. What kind of bomb is it? _____
4. What does it look like? _____
5. Why did you place it? _____
6. Where are you calling from? _____
7. Who are you? _____

CALLER'S VOICE

- | | | | | |
|--------------------------------------|--|--|---|--|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | <input type="checkbox"/> ADULT | <input type="checkbox"/> JUVENILE | <input type="checkbox"/> ACCENT |
| <input type="checkbox"/> WELL-SPOKEN | <input type="checkbox"/> IRRATIONAL | <input type="checkbox"/> INCOHERENT | <input type="checkbox"/> FOUL | <input type="checkbox"/> CALM |
| <input type="checkbox"/> ANGRY | <input type="checkbox"/> EXCITED | <input type="checkbox"/> SLOW | <input type="checkbox"/> RAPID | <input type="checkbox"/> SOFT |
| <input type="checkbox"/> LOUD | <input type="checkbox"/> LAUGHTER | <input type="checkbox"/> CRYING | <input type="checkbox"/> NORMAL | <input type="checkbox"/> SLURRED |
| <input type="checkbox"/> NASAL | <input type="checkbox"/> SPEECH IMPEDIMENT | <input type="checkbox"/> UNUSUAL BREATHING | <input type="checkbox"/> RASPY | <input type="checkbox"/> CLEARING THROAT |
| <input type="checkbox"/> DEEP | <input type="checkbox"/> HIGH | <input type="checkbox"/> CRACKING VOICE | <input type="checkbox"/> DISGUISED | <input type="checkbox"/> FAMILIAR |
| <input type="checkbox"/> TAPED | <input type="checkbox"/> OTHER _____ | | <input type="checkbox"/> MESSAGE READ BY THREAT MAKER | |

If voice is familiar, whom did it sound like? _____

Did the caller indicate knowledge of your facility? Yes No If yes, explain: _____

BACKGROUND SOUNDS

- | | | | | |
|--|--|---|--|---------------------------------|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | <input type="checkbox"/> ADULT | <input type="checkbox"/> JUVENILE | <input type="checkbox"/> ACCENT |
| <input type="checkbox"/> STREET NOISES | <input type="checkbox"/> DISHES | <input type="checkbox"/> VOICES | <input type="checkbox"/> PA SYSTEM | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> HOUSE NOISES | <input type="checkbox"/> MOTOR | <input type="checkbox"/> AIRCRAFT | <input type="checkbox"/> QUIET | <input type="checkbox"/> STATIC |
| <input type="checkbox"/> ANIMAL NOISES | <input type="checkbox"/> LONG DISTANCE | <input type="checkbox"/> OFFICE MACHINERY | <input type="checkbox"/> FACTORY MACHINERY | |
| <input type="checkbox"/> OTHER _____ | | | | |

Name _____ Dept. _____ Phone _____

Date received _____ Time received _____ Time ended _____

Call 911 immediately after the caller hangs up.

TAKE THIS CHECKLIST WITH YOU AS YOU EVACUATE THE BUILDING

KIDNAPPING/HOSTAGE CHECKLIST

(APPENDIX C)

Use this form to record all information if you receive a call from someone claiming to have kidnapped or taken an individual hostage.

IMPORTANT – REMAIN CALM. Continue to speak in a normal tone. Ask the caller to repeat the message.

EXACT WORDING OF THREAT _____

DESCRIPTION OF CALLER'S VOICE (Check all applicable Items)

- | | | | | |
|---|--|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter | <input type="checkbox"/> Excited | <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Raspy | <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep | <input type="checkbox"/> Lisp | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Laughter | <input type="checkbox"/> Soft | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Cracking voice | <input type="checkbox"/> Normal | <input type="checkbox"/> Disguised | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Familiar | | <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent |

If voice is familiar, who did it sound like? _____

QUESTIONS TO ASK:

1. Who has been kidnapped/taken hostage? _____
2. Who are you? _____
3. How can we be sure you have the person you say you do and that he/she is safe and unharmed? _____
4. What are your demands? _____
5. When will he/she be released? _____
6. If we meet your demands, how do we know he/she will be released unharmed? _____
7. Where/how can we reach you? _____

BACKGROUND SOUNDS (Check all applicable Items)

- | | | | | |
|------------------------------------|--|--|--|---------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Office | <input type="checkbox"/> Street noises | <input type="checkbox"/> Animal | <input type="checkbox"/> Music |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Local | <input type="checkbox"/> Factory | <input type="checkbox"/> Machinery | <input type="checkbox"/> Static |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Other (explain) _____ | <input type="checkbox"/> House Noise | <input type="checkbox"/> Long Distance | <input type="checkbox"/> Motor |

SPEECH PATTERNS (Check all applicable Items)

- | | | | | |
|---------------------------------------|--------------------------------|--------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Message Read | <input type="checkbox"/> Taped | <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Accent | <input type="checkbox"/> Foul |
| | | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Other | Estimated Age: _____ |

Did caller indicate knowledge of the facility? Yes No *If yes, explain* _____

Any other information/impressions of the caller? _____

Number at which call was received: _____

Time of call: _____ Date of call: _____

Signature of person completing report: _____