Emergency Action
And
Recovery Plan
For
Religious Organizations
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 overview the key elements that should be followed to help reduce the impact of an emergency or disaster.
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An emergency is any situation – actual or imminent – that endangers the safety and lives of volunteers or the security of the properties.

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 (911 Address if you have it). 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.

**Local Emergency Numbers**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
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<tbody>
<tr>
<td>Ambulance</td>
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<tr>
<td>Fire</td>
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<tr>
<td>Gas Leaks</td>
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<tr>
<td>Poison Information Center</td>
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<tr>
<td>Police (emergency)</td>
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<tr>
<td>Police (non-emergency)</td>
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<tr>
<td>Rape/Victim Services</td>
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<tr>
<td>Rescue</td>
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<tr>
<td>Doctor</td>
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<tr>
<td>Local Civil Defense</td>
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<tr>
<td>Local Weather Line</td>
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</tbody>
</table>

**Your Location’s Emergency Contact List**

Individuals who should be contacted in an emergency are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Number</th>
<th>Home Number</th>
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<tbody>
<tr>
<td>1.</td>
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</table>
EMERGENCY ACTIONS – In the event of an injury or other medical emergency:

- Call designated individuals listed in Emergency Contact List, page 4.
  - Identify your location: building name, street address (911 address if you have it), office/room/area of building.
    (_______________________________________________________________________________________) -

Describe the situation:

- What has happened -
  Type(s) of injuries -
  Help needed

- Obtain or provide on-site first aid.

- Alert any necessary individuals that an emergency is occurring.
  - Alert appropriate individual ______________________________ who has reference to any personnel files for emergency medical instructions (e.g. diabetic).
  - Designated individual ______________________________ should be chosen to notify family as appropriate.

- Make sure someone is in the parking lot to direct the emergency team.

Personnel at your location who are trained and certified to administer First Aid/CPR:

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>First Aid</th>
<th>CPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>6.</td>
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</table>
FIRE

Evaluate your building:
- Type construction
- Heating system
- Fire exits
- Evacuation routes
- Elevators
- Smoke barrier system (e.g., fire doors, utility chases)
- 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
- 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. (See Example in Appendix A.)

Know your occupants:
- Pre-school
- Sunday school
- Day care or nursery
- Any outside organizations who utilize your facility
- When is facility 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
  - 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.___________________________________________________
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
- Opportunity for staff to put plan into action

**Items to evaluate**

- Transmission of alarm
- Preparation for building evacuation
- Assembly and accounting of individuals
- 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 this 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

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
- 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.

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**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.
  - Calmly leave immediately.

**LIGHTNING**

- When a thunderstorm threatens, go immediately inside for protection.
- 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 field, open water or small isolated sheds. If you are caught in a field, crouch low to the ground; 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, ____________________________, when it is safe to do so.
- Also notify any trustees or designated emergency personnel, ____________________________
  ____________________________________________________________________________
  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.

**Kidnapping/Hostage Situation**

**Emergency Actions** – For any situation involving either kidnapping or hostage situation of staff 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 (Appendix B) 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 ___________________________ to employees.

☐ Notice of cancellation of regular services or special activities will be given by __________________________

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, __________________________________. 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 __________________________ immediately. Please give this designated individual the following information.

- Your name, extension number, and location.
- Date and time of harassing calls.
- Content of the calls.

☐ If any harassing or obscene messages are left in your voice mailbox, please 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.”

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## 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 (see appendix C) 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, __________________________, 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, __________________________, immediately. Then notify the appropriate individuals. Keep persons away from the area until help arrives.

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## DOMESTIC SITUATION

**EMERGENCY ACTIONS – For any domestic situation:**

- Call the designated individual, ________________________________.
- 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 ______________________, 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 fire, smoke, water or vandalism damage at your facility will always strike without warning.

Immediate response in a crisis can save thousands of dollars in reduced damage. It may also 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 EXECUTIVE’S HOME. You may also require the information to be on file with the person in charge of contingency planning for your organization.

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 disaster.

1. 

2. 

3. 

4. 

5. 

6. 

INSURANCE INFORMATION

Purpose: To notify 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: ________________________________
<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Person</th>
<th>Phone w/Extension</th>
<th>Emergency Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Contractor</td>
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<tr>
<td>Phone Emergency Service</td>
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<tr>
<td>Sprinkler Service</td>
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<tr>
<td>Computer Maintenance</td>
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<tr>
<td>Elevator Maintenance</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Generator Rental</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Electrical Contractor</td>
<td></td>
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<tr>
<td>Plumber</td>
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<tr>
<td>Glass Company</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Snow Removal</td>
<td></td>
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<tr>
<td>Emergency Board-up</td>
<td></td>
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</tr>
</tbody>
</table>
Contact Person: ___________________________  Emergency Phone: ________

☐ Window Cleaning Company: _______________  Phone w/Extension: __________

Contact Person: ___________________________  Emergency Phone: __________

☐ Environmental Hauling company: __________  Phone w/Extension: __________

Contact Person: ___________________________  Emergency Phone: __________

☐ HVAC Contractor: _________________________  Phone w/Extension: __________

Contact Person: ___________________________  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 on-site 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:**
   - [ ] Electrical  [ ] Structural
   - [ ] Plumbing  [ ] Dimensions
   - [ ] HVAC  [ ] Renovations (structural)

5. **BUILDING SPECS:**
   - Number of Floors:__________
   - Square footage per floor:_______
   - Total square footage:_________

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

7. **STAIR WELLS:**
   - Number of Stairwells:__________
   - Alarmed/Self Locking:__________
   - Emergency Lighting:___________
   - Inside/Outside or Building:__________
   - Vented:_____________________

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8. **ENTRANCES:**
   - Number of Entrances:______
   - Loading Docks:_________ Size: __________________________________________________
   - Overhead Doors:_________ Size: __________________________________________________
   - Walk through doors:_______ Size: __________________________________________________

9. **BUILDING USAGE:**
   - Offices
   - Distribution Center
   - Manufacturing
   - Warehouse
   - Storage
   - Apartments
   - Cold Storage
   - Medical Facility
   - w/ back-up power?
   - Other: __________________________________________________

10. **STANDARD OFFICE HOURS OPEN:**__________________________ TO ______________

11. **TYPE OF HEATING SYSTEM:**
   - Electric
   - Steam
   - Gas
   - Radiator
   - Central System
   - Oil
   - Forced Air
   - Localized System
   - Other

   Smoke Sensor in HVAC duct system: ☐ Yes ☐ No

12. **HOT WATER HEATERS**
   - Number of tanks:_________________
   - Location of tanks:________________

13. **PLUMBING INFORMATION**
   - Average number of restrooms per floor: _______________________
   - Average number of drinking water fountains: _______________________
   - Average 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
   - Other
   - Fire Extinguisher

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 materials are stored:_____________________

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17. **ELECTRICAL:**
   A. Distribution Location:______________________________________________________
   B. Building Service Capacity: ______ AMPS
   C. Service capacity per floor: ______ AMPS
   D. Breaker panel location:______________________________________________________
   E. # of 20 AMP circuits per floor:______________________________________________
   F. # of 15 AMP circuits per floor:______________________________________________

18. **EMERGENCY LIGHTING:**
   How long will it last?____________________________________________________________
                                                                                       
19. **BUILDING CONSTRUCTION TYPE:**

<table>
<thead>
<tr>
<th>Structure</th>
<th>Roof</th>
<th>Walls</th>
<th>Floors</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Metal Frame</td>
<td>%Built-up Roof</td>
<td>%Metal Stud/Drywall</td>
<td>%Carpeted</td>
</tr>
<tr>
<td>% Wood Frame</td>
<td>%High Ribbed Metal</td>
<td>%Partitions</td>
<td>%Vinyl Tile</td>
</tr>
<tr>
<td>% Concrete/Reinforced</td>
<td>%Single Ply Membrane</td>
<td>%Wood Stud/Drywall</td>
<td>%Marble/Stone</td>
</tr>
<tr>
<td>__ %Other _______</td>
<td>__ %Other _______</td>
<td>__ %Other _______</td>
<td>__ %Wood</td>
</tr>
<tr>
<td>__ %Concrete _______</td>
<td>__ %Other _______</td>
<td>__ %Concrete _______</td>
<td>__ %Other _______</td>
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<tr>
<td>__ %Steel _______</td>
<td>__ %Concrete _______</td>
<td>__ %Other _______</td>
<td>__ %Concrete _______</td>
</tr>
</tbody>
</table>

20. **ARE THERE ANY SPECIAL FLOORS/WALLS IN THE BUILDING:**
   - [ ] Drop ceiling
   - [ ] Special Paints/surface
   - [ ] Ceilings 20"
   - [ ] Raised floor
   - [ ] Vaulted ceilings
   - [ ] Other

   Notes: (unusual restoration requirements)____________________________________________________________________________________
                                                                   ______________________________________________________________________
                                                                   ______________________________________________________________________
                                                                   ______________________________________________________________________
                                                                   ______________________________________________________________________

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**PRIORITY AREAS**

1. **LIST IN PRIORITY ORDER, THOSE AREAS MOST CRUCIAL TO THE OPERATION OF THIS FACILITY.**
   A. ______________________________________________________________________
   B. ______________________________________________________________________
   C. ______________________________________________________________________
   D. ______________________________________________________________________
   E. ______________________________________________________________________
   F. ______________________________________________________________________
SECURED AREA

1. LIST ALL INDIVIDUALS WHO HAVE SECURITY SYSTEMS OR SECURED ROOMS.

2. LIST PERSONS WHO HAVE ACCESS TO AREA IF NOT ON PREMISES.

GROUND

1. BUILDING/GROUNDS MISCELLANEOUS
   - On site parking
   - Hazardous storage area
   - Storage area

2. PARKING LOT DRAINAGE
   - On site
   - Stream/Lake
   - Public sewer

3. OUT BUILDINGS
   - Electrical building
   - Mechanical shed
   - Storage shed
   - Guard house
   - Pump Station
   - Other

4. STORAGE TANKS
   - Water
   - Gasoline
   - Chemicals
   - Diesel
   - Oil
   - Other

5. DUMPSTER
   - Type:
     - Front open
     - Top open
     - Compactor
   - Number: ____________________
   - Size: ____________________

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FURNITURE & FIXTURES

1. DO YOU HAVE FURNITURE & 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. SPECIAL OR CUSTOM-BUILT FURNITURE AND FIXTURES?
   - Yes (list source, brand and model #)
   - No
   Notes: _______________________________________________________________

4. LIGHTING SYSTEM:
   - Fluorescent
   - Recessed w/covers
   - Chandeliers
   - Specialty Lighting/Other
   Notes: _______________________________________________________________

5. WINDOW COVERINGS
   - Venetian blinds
   - Drapes
   - Pull blinds
   - Vertical blinds
   - Other
   Notes: _______________________________________________________________

ELECTRONICS/AUDIO VISUAL

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 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: ______________________ Phone: ______________________

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
- [ ] No

Notes: __________________________________________________________________________

7. **IS THERE A DEPARTMENT HEAD ON SITE WHO HAS INTIMATE KNOWLEDGE OF THE EDP SYSTEMS?**

- [ ] Yes
- [ ] No

Name: ______________________ Phone: ______________________

After hours Phone: ______________________

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

- [ ] Yes
- [ ] No

Company Name: ______________________

Contact Person: ______________________

Address: ______________________

Notes: __________________________________________________________________________
WHAT TYPE AND ESTIMATED QUANTITY OF COMPUTER, SOUND SYSTEM AND TELEPHONE SWITCHING EQUIPMENT IS ON SITE?

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<tr>
<th>LOCATION</th>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>MAINTENANCE AGREEMENT</th>
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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. ANY ANTIQUES, ART WORK, HAND BELLS, SHEET MUSIC OR OTHER VALUABLE COLLECTIBLES?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. WHO IS RESPONSIBLE FOR FATE OF VALUABLES?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

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

Note any other special information that may be needed in case of a disaster or emergency.
Emergency Evacuation Diagram

Appendix A
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? ________________________________________________________

CALLER’S VOICE

☐ MALE
☐ FEMALE
☐ ADULT
☐ JUVENILE
☐ ACCENT
☐ WELL SPOKEN
☐ IRRATIONAL
☐ INCOHERENT
☐ FOUL
☐ CALM
☐ ANGRY
☐ EXCITED
☐ SLOW
☐ RAPID
☐ SOFT
☐ LOUD
☐ LAUGHTER
☐ CRYING
☐ NORMAL
☐ SLURRED
☐ NASAL
☐ SPEECH IMPEDIMENT
☐ UNUSUAL BREATHING
☐ RASPY
☐ CLEARING THROAT
☐ DEEP
☐ HIGH
☐ DISGUISED
☐ CRACKING VOICE
☐ NORMAL
☐ TAPE
☐ OTHER
☐ MESSAGE READ BY THREAT MAKER

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

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

BACKGROUND SOUNDS

☐ STREET NOISES
☐ DISHES
☐ VOICES
☐ PA SYSTEM
☐ MUSIC
☐ HOUSE NOISES
☐ MOTOR
☐ AIRCRAFT
☐ QUIET
☐ OFFICE MACHINERY
☐ ANIMAL NOISES
☐ LONG DISTANCE
☐ STATIC
☐ FACTORY MACHINERY
☐ OTHER

Name ______________________ Dept. ______________________ Phone ______________________
Date received __________________ Time received __________________ Time ended ________________

Call 9-911 immediately after the caller hangs up.

TAKE THIS CHECKLIST WITH YOU AS YOU EVACUATE THE BUILDING
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

- 
- 
- 

### 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?

   Under what conditions?

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?

### DESCRIPTION OF CALLER’S VOICE

- [ ] Calm
- [ ] Nasal
- [ ] Angry
- [ ] Stutter
- [ ] Excited
- [ ] Lisp
- [ ] Slow
- [ ] Raspy
- [ ] Rapid
- [ ] Deep
- [ ] Soft
- [ ] Ragged
- [ ] Loud
- [ ] Clearing Throat
- [ ] Laughter
- [ ] Deep Breathing
- [ ] Crying
- [ ] Cracking Voice
- [ ] Normal
- [ ] Disguised
- [ ] Distinct
- [ ] Accent
- [ ] Slurred
- [ ] Familiar

If voice is familiar, who did it sound like?

### BACKGROUND SOUNDS:

- [ ] Street Noises
- [ ] Animal
- [ ] Music
- [ ] Clear
- [ ] Office
- [ ] Factory
- [ ] Machinery
- [ ] Static
- [ ] Voices
- [ ] Local
- [ ] House Noise
- [ ] Long Distance
- [ ] Motor
- [ ] PA System

[Other (explain)]

(continued)
KIDNAPPING/HOSTAGE CHECKLIST (continued)

SPEECH PATTERNS

- [ ] Well Spoken
- [ ] Message Read
- [ ] Accent
- [ ] Taped
- [ ] Foul
- [ ] Incoherent

Estimated Age: ________________________

Did caller indicated 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:
________________________________________