

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 sample 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. This should be tailored to each individual parish and institution as needed. This is meant as a guide to help parishes and institutions develop an effective plan for their facility.

TABLE OF CONTENTS

EMERGENCY TELEPHONE NUMBERS	4
MEDICAL EMERGENCY	5
FIRE	6-7
SEVERE WEATHER/TORNADO	7-8
NATURAL DISASTERS	8-9
MENACING PERSON/WEAPONS THREAT	9
CHURCH CLOSING	10
MEDIA COMMUNICATIONS	10
HARASSING/OBSCENE TELEPHONE CALLS	10-11
BOMB THREAT	11
DOMESTIC SITUATION	11
RECOVERY PROFILE	12
TRUSTEES WITH FINANCIAL AUTHORIZATION APPROVAL	13
INSURANCE INFORMATION	13
BUILDING CONTRACTORS	14-15
PRIMARY BUILDING STATISTICS	15-17
PRIORITY AREAS	17
SECURED AREA	18
GROUNDS	18
FURNITURE AND FIXTURES	19-
ELECTRONICS/AUDIO VISUAL	19-20
COMPUTER – ELECTRONICS-AUDIO VISUAL	21
VALUABLE DOCUMENT, BOOK AND RECORD PROTECTION	21-22
VALUABLE CONTENTS	22
ANTIQUES- ARTWORK- COLLECTIBLES	22-23
SUMMARY	23
APPENDIX A	25
APPENDIX B	26
APPENDIX C	26-27

EMERGENCY TELEPHONE NUMBERS

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. 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

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

Your Location's Emergency Contact List

Individuals who should be contacted in an emergency are:

Name	Work Number	Home Number
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, page 4.
 - Identify your location: **building name, street address, 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:

Name	Telephone	First Aid	CPR
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)
- 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.

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."*

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. _____.

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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.

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 firm.

Developed for:

Religious
Organization:

Address:

Contact Person:

Business Phone:

After Hours Phone:

This Plan Was Completed By:

Name:

Date:

SERVPRO of

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: _____

BUILDING CONTRACTORS

General Contractor: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Phone Emergency Service: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Sprinkler Service: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Computer Maintenance: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Elevator Maintenance: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Generator Rental: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Electrical Contractor: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Plumber: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Glass Company: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Snow Removal: _____ **Phone w/Extension:** _____

Contact Person: _____ **Emergency Phone:** _____

Emergency Board-up: _____ **Phone w/Extension:** _____

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:

- | | |
|-------------------------------------|---|
| <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: _____
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: _____

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"/> Cold Storage
w/ back-up power? | <input type="checkbox"/> Medical Facility | <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 | <input type="checkbox"/> 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**

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:**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Halon | <input type="checkbox"/> Sprinkler |
| <input type="checkbox"/> Dry system | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fire Extinguisher | |

15. **HAZARDOUS MATERIALS ON ANY STRUCTURAL SURFACES?**

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Blown |
| <input type="checkbox"/> Asbestos tile | <input type="checkbox"/> None |
| <input type="checkbox"/> Asbestos pipe wrap | <input type="checkbox"/> 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: _____

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:

Structure	Roof	Walls	Floors
% Metal Frame	%Built-up Roof	%Metal Stud/Drywall	%Carpeted
% Wood Frame	%High Ribbed Metal	%Partitions	%Vinyl Tile
% Concrete/Reinforced	%SinglePly Membrane	%Wood Stud/Drywall	%Marble/Stone
%Other	%Other	%Other	%Wood
	Roof Deck		%Concrete
	%Concrete		%Other
	%Steel		

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

- Drop ceiling
- Raised floor
- Special Paints/surface
- Vaulted ceilings
- Ceilings 20"
- Other

Notes: (unusual restoration requirements) _____

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.

GROUNDS

1. BUILDING/GROUNDS MISCELLANEOUS

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> On site parking | <input type="checkbox"/> Storage area |
| <input type="checkbox"/> Hazardous storage area | |

2. PARKING LOT DRAINAGE

- | | | |
|----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> On site | <input type="checkbox"/> Stream/Lake | <input type="checkbox"/> Public sewer |
|----------------------------------|--------------------------------------|---------------------------------------|

3. OUT BUILDINGS

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Electrical building | <input type="checkbox"/> Storage shed | <input type="checkbox"/> Pump Station |
| <input type="checkbox"/> Mechanical shed | <input type="checkbox"/> Guard house | <input type="checkbox"/> Other |

4. STORAGE TANKS

- | | | |
|-----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Diesel | <input type="checkbox"/> Other |

5. DUMPSTER

Type:

- | | | |
|-------------------------------------|-----------------------------------|-----------|
| <input type="checkbox"/> Front open | <input type="checkbox"/> Top open | Compactor |
|-------------------------------------|-----------------------------------|-----------|

Number: _____ Size: _____

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 Chandeliers
 Recessed w/covers Specialty Lighting/Other

Notes: _____

5. **WINDOW COVERINGS**

Venetian blinds Pull blinds
 Drapes 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: _____

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: _____

COMPUTER - ELECTRONICS - AUDIO VISUAL

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

	LOCATION	ITEM	DESCRIPTION	MAINTENANCE AGREEMENT Y or N	\$VALUE	WARRANTY Y or N
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
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31.						
32.						

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?**

ANTIQUES - ARTWORK - COLLECTIBLES

LAST UPDATE:

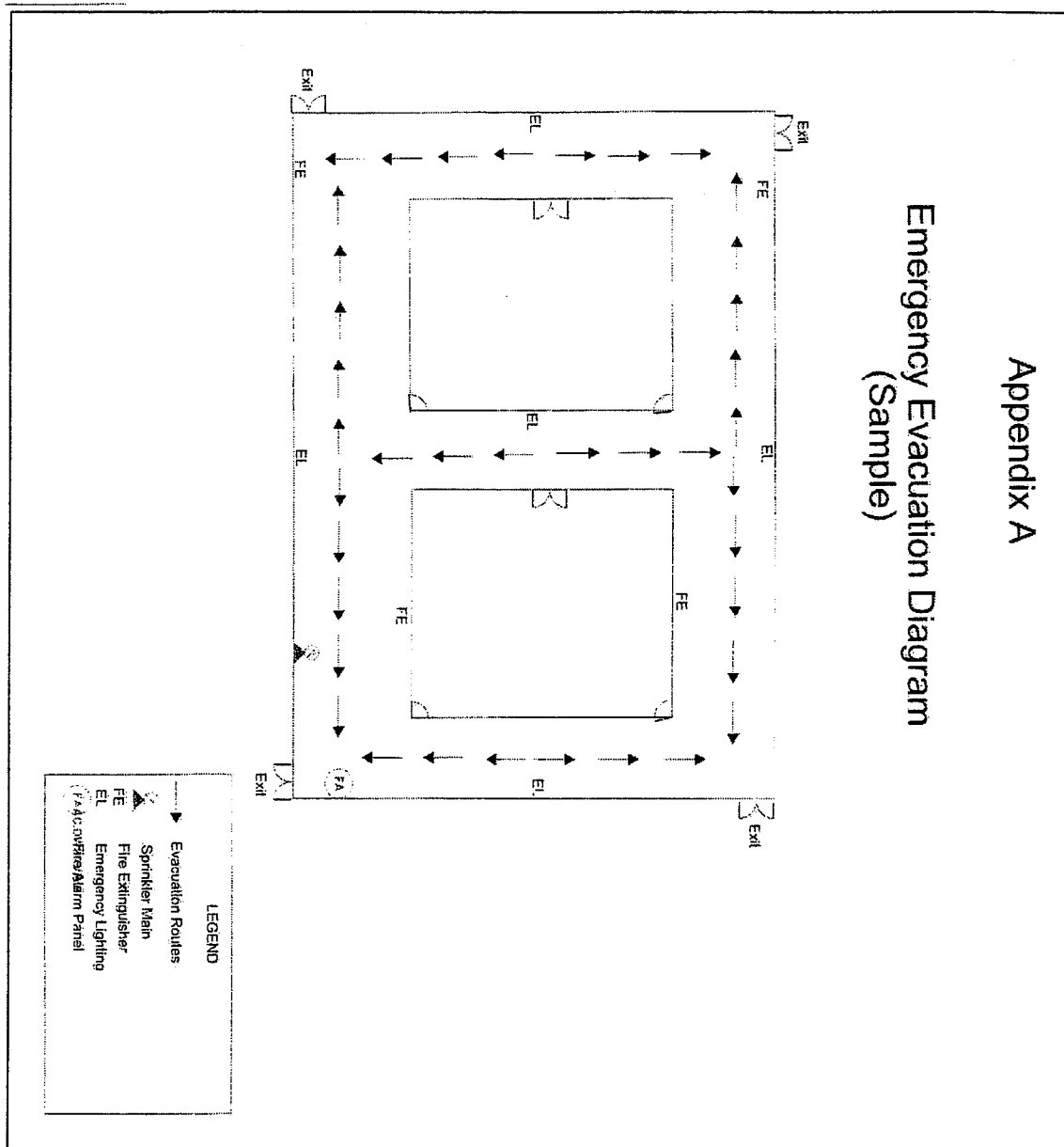
	LOCATION	ITEM	PERSON RESPONSIBLE	\$ VALUE
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2.				
3.				
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30.				
31.				

SUMMARY

NOTE ANY OTHER SPECIAL INFORMATION THAT MAY BE NEEDED IN CASE OF A DISASTER OR EMERGENCY.

Appendix A

Emergency Evacuation Diagram (Sample)



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

- | | | | |
|---|--|--|-------------------------------------|
| <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"/> DISGUISED |
| <input type="checkbox"/> CRACKING VOICE | <input type="checkbox"/> FAMILIAR | <input type="checkbox"/> TAPED | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> 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

- | | | | |
|--|--|--|--|
| <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"/> OFFICE MACHINERY | <input type="checkbox"/> ANIMAL NOISES | <input type="checkbox"/> LONG DISTANCE |
| <input type="checkbox"/> STATIC | <input type="checkbox"/> FACTORY MACHINERY | <input type="checkbox"/> 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

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

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

(Check all applicable items)

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

If voice is familiar, who did it sound like?

BACKGROUND SOUNDS:

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

(continued)

KIDNAPPING/HOSTAGE CHECKLIST (continued)

SPEECH PATTERNS

Estimated Age: _____

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Message Read |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent |

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:
