ANNEX A: FORMS

1. Tourism Establishment Information Form
2A. CHA/CTO Building Assessment Safety Checklist
2B. CHA/CTO Building Assessment Vulnerability Record
3. Safe Location List
4. Hurricane Procedures for Guests
5. Hurricane Supplies Inventory
6. Hurricane Supplies Inventory – Emergency Supplies
7. Mutual Aid Agreements
8A. Damage Assessment Report (A)
8B. Damage Assessment Report (B)
9. Sample Monthly Maintenance Reporting Form
10. Employee Roll Call Form
11. Establishment Damage and Needs Assessment Form (TS-DANA)
12. Establishment Damage Assessment for Safety Form
13. Media Inquiry Relay Form
14. Priority Restoration Actions for Establishments
15. Tourism Site Vulnerability Assessment Tool

Form 1: Tourism Establishment Information Form (sample)

Each individual establishment Emergency Coordinator should complete this form prior to the first meeting of their Tourism Emergency Response Cluster and give it to the Cluster Leader at that meeting.

Date completed: _____

Tourism Establishment Name: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-mail: _____	**Owner's Name:** _____ Address:_____ _____ *Primary contact information* Telephone: _____ Fax: _____ E-mail: _____ *Alternate contact information* Telephone: _____ Fax: _____ E-mail: _____
Establishment Emergency Coordinator:_____ Address: _____ *Primary contact information* Telephone: _____ Fax: _____ E-mail: _____ *Alternate contact information* Telephone: _____ Fax: _____ E-mail: _____	**Alternate Emergency Coordinator**: _____ Address: _____ *Primary contact information* Telephone: _____ Fax: _____ E-mail: _____ *Alternate contact information* Telephone: _____ Fax: _____ E-mail: _____

[Tourism Establishment Information Form, page 2]

Description of your tourism establishment (hotel, restaurant, etc.): _____

_____

Type of services provided: _____

_____

_____

Months of operation (e.g. year-round, June – November, etc.): _____

Total Number of Employees

Peak Season: ☐ 0-25 ☐25-50 ☐50-100 ☐100-250 ☐250-500 ☐500+

Off-Season: ☐ 0-25 ☐25-50 ☐50-100 ☐100-250 ☐250-500 ☐500+

Average Daily Client/Customer Population

Peak Season: ☐ 0-25 ☐25-50 ☐50-100 ☐100-250 ☐250-500 ☐500+

Off-Season: ☐ 0-25 ☐25-50 ☐50-100 ☐100-250 ☐250-500 ☐500+

Describe past experiences in which you have been impacted by a critical incident that required you to shut down your business operations.

_____

_____

_____

_____

What do you want to accomplish by participating in this Tourism Emergency Response Cluster?

_____

_____

_____

_____

Form 2A: CHA/CTO Building Assessment Safety Checklist

OFFICER: _____

BUILDING: _____

DATE: _____

[Check if problem and fill out details on Form 1B]

FIRE EXTINGUISHER

_____ 1. Reading shows low pressure, discharged, or damaged.
_____ 2. Type not labeled.
_____ 3. Not accessible.
_____ 4. Missing.
_____ 5. (other) _____
_____ 6. (other) _____

FIRE EXITS AND CORRIDORS

_____ 7. Blocked.
_____ 8. Signs not visible.
_____ 9. Warped or sticking doors.
_____ 10. Locked doors.
_____ 11. (other) _____
_____ 12. (other) _____

SMOKE AND WATER DETECTORS

_____ 13. Inoperative.
_____ 14. Weak battery.
_____ 15. Fire hoses inaccessible or blocked.
_____ 16. (other) _____

ELECTRICAL EQUIPMENT

_____ 17. Worn or exposed wiring
_____ 18. Electrical equipment not grounded.
_____ 19. Open light sockets.
_____ 20. Burned out lights
_____ 21. Defective equipment not tagged “Do Not Use.”
_____ 22. Circuit boxes “hot” to the touch.
_____ 23. Overloaded sockets.
_____ 24. Heavy grease buildup.
_____ 25. (other) _____
_____ 26. (other) _____

HAZARDOUS MATERIALS

_____ 27. Missing identification labels.
_____ 28. Improper storage.
_____ 29. Storage location.

NON-STRUCTURAL IMPACT DANGER

_____ 30. Unstable furniture.
_____ 31. Books or boxes dangerously piled.
_____ 32. Bookshelves/other shelving units on wall unanchored at floor or ceiling.
_____ 33. Other unsecured appliances.
_____ 34. Heavy hanging objects over doors, above windows, etc.
_____ 35. Windows with weak latches.
_____ 36. Breakables, or other heavy objects on high or open shelves.

TRIPPING AND OTHER IMPACT DANGER

_____ 37. Electrical cords in dangerous position.
_____ 38. Floor tiles need replacement.
_____ 39. Steps, carpeting, worn or frayed.

OTHER

_____ 40. Insufficient emergency lighting.
_____ 41. Water pipes leaking.
_____ 42. Chipped or broken glass.
_____ 43. No first-aid kit.
_____ 44. First-aid kit supplies insufficient.
_____ 45. In-house emergency supplies.
_____ 46. Trees require trimming.

SECURITY

_____ 47. Security or perimeter fence broken.
_____ 48. Unattended critical areas unlocked or improperly secured.

Form 2B: CHA/CTO Building Assessment Vulnerability Record

NUMBER from Form 1A	PROPERTY LOCATION	DETAIL

Form 3: Safe Location List

Number	Safe location for	Located in
	Guests	
	Command Center	
	First-aid Center	
	Communications center	
	Vital records	
	Food and beverages	
	Water	
	Housekeeping supplies	
	Hurricane supplies	
	Furniture	
	Equipment	

Form 4: Hurricane Procedures for Guests

[The following is suggested wording for a prototype hurricane brochure to be distributed to all guests. The language should be adjusted according to the specifics of your individual property.]

Welcome to (*Name of Hotel*).

You have chosen one of the most beautiful places on earth to spend your holiday. We have calm, beautiful seas, lovely beaches and sunny skies - most of the time. But, as you know, during some months of the year, usually between July and September, hurricanes can occur in this part of the world.

We have taken every precaution to ensure your safety should a hurricane occur while you are here. Knowing what to do is one of the most important precautions YOU can take. Please take a few minutes and read this brochure carefully. Then relax and enjoy all the good things we have to offer.

What is a hurricane?

Let's begin with the things you should know about a hurricane itself. A hurricane is an intense storm with wind speeds of more than 75 miles per hour. It is usually accompanied by heavy rain and sometimes high seas. It should be treated with respect.

When a hurricane is in the area, there are three phases in which it is brought to our attention. These are:

Phase A — Hurricane Alert: This means that a hurricane is in the general vicinity and, though it may be several hundred miles away, appears to be heading toward us. During this phase, the storm may change course and go somewhere else. When a Hurricane Alert is announced, you will be advised what to do by our _____. You many contact the front desk for updates on the situation.

Phase B – Hurricane Watch: This means that the hurricane is about 36 hours or so away. As soon as a Hurricane Watch is announced, you will be advised by our _____. At this time, you should read this brochure again and make sure that, if you are traveling with your family, everyone is fully briefed. It is advisable to check now and then with the [front desk/Hurricane Information Desk] for the latest information. Also, ensure that your home address, telephone numbers and contact information are on file at the front desk, if they were not recorded when you registered. Start considering whether you will go back to your country or place of origin.

Phase C – Hurricane Warning: This means that the hurricane is expected to strike our location in 24 hours. You will be advised of a Hurricane Warning

through our public address system or telephone operator, or by members of our staff. As soon as a Hurricane Warning is confirmed, you should:

1. Decide if you will stay in the hotel or go back to your country or place of origin, based on facts such as the hotel remaining open or closed, availability of flights, magnitude of the hurricane, etc. If you decide to stay, follow the next steps.
2. Secure your passport or other travel documents in the hotel safe, along with any other important papers you may have with you. You should also make sure to put money, jewelry and other valuables in the hotel safe. Please note that the hotel cannot be held liable for valuables not deposited in its safe.
3. You may find it convenient to settle your bill at this time; it will make it much simpler and easier for you later, in case there are any disruptions after the hurricane.
4. Pack a small bag with essential personal items such as medication, towels, contact lenses, toilet articles and one change of clothing. If you have small children with you, remember to pack baby food, diapers, etc., and a change of clothing for each child.
5. Pack away all your clothes and non-essential personal items in your suitcases and put the suitcases in plastic garbage bags, which the housekeeping staff will supply for you. Seal the plastic bags with the masking tape provided and then put them in the cupboard in your room. Lock your room and take the key with you.
6. Go to the designated safe rooms, areas or hotel as soon as you are told to do so. Remain in the safe location and stay away from glass windows and doors at all times. Do not go out until you are told to do so. [*Describe evacuation procedures here if the safe room or area is not on the property.*]
7. Our trained staff members will be assigned to help you find the safe location and manage safely during the hurricane. You should follow their instructions.
   a) Our hotel is equipped with a number of emergency features, including emergency power supply, sufficient to light hallways, designated elevators, etc., radio communications [*and others, as they apply*].
8. A first-aid center will be set up in [*location – add a diagram if possible*]. A trained nurse/doctor will be in attendance.
9. An emergency telephone number will be activated when a hurricane is announced. Our hurricane emergency number is _____.
10. Our [*front desk/Hurricane Information Desk*] will help you with arrangements to contact your family and friends before and after the hurricane.
11. For your safety, alcoholic beverages will not be served while a Hurricane Warning is in force, and until the hurricane has passed over.
12. Stay calm. Hurricanes give us a fair amount of warning. If you follow these simple steps, and whatever other instructions you are given by our staff, you will be fine.

Form 5: Hurricane Supplies Inventory

QUANTITY	ITEMS	STATUS
	Bull horn	
	Chain saws	
	Rain cloaks	
	All-purpose gloves	
	Rubber gloves	
	Suction machine	
	¾” ropes	
	½” ropes	
	Masking tape	
	Camera	
	Film	
	Batteries	
	Flashlights	
	Flashlight bulbs	
	Battery lanterns	
	Battery-operated radios	
	Saws	
	Hammers	

	Nails	
	Wide brooms	
	Large mops/sticks	
	Wringer pails	
	Shovels	
	Crocus bags	
	Load of sand	
	Water boots	
	Water scrapers	
	Plastic buckets	
	Plastic sheeting	
	Ply-board	
	Lumber	
	Generator	
	Helmets	
	7-day's gas, diesel oil (minimum)	
	7-day's potable water	
	Disposable sanitary ware	
	Forks/knives/spoons	
	Cups	

	Plates	
	Napkins	
	Garbage bags	
	Charcoal	
	Chlorinating tablets	
	Guy wire (to secure critical areas post-hurricane)	
	Duct tape	
Food Supplies		
	Tinned protein	
	Ham	
	Sardines	
	Tuna	
	Salmon	
	Crackers	
	Biscuits	
	Canned sodas	
	Canned fruit drinks	
	Bottled water	
	Powdered milk	
	Coffee	

	Tea	
	Corned beef	
	Sausages	
	Tinned vegetables	

Form 6: Hurricane Supplies Inventory – Emergency Supplies

QUANTITY	ITEMS	STATUS
	Crepe bandages	
	Antacids	
	Mercurochrome	
	Sterile gauze squares	
	Eye wash	
	Eye drops	
	Painkillers (e.g. Panadol)	
	Sanitary napkins	
	Diapers	
	Tampons	
	Safety pins	
	Thermometers	
	Calamine lotion	
	Antiseptic	
	Tweezers	
	Rubbing alcohol	
	Scissors	
	Plastic bags	

Form 7: Mutual Aid Agreements

ELEMENT	COMPANY/HOTEL	CONTACT PERSON AND TELEPHONE #	STATUS	DATE
Fuel				
Water				
Transportation				
Alternative room				
Storage space				
Generator capacity (ice, food, etc.)				
Computer processing facilities				
Communication system				
Off-site storage for vital records				
Manpower for clean-up and salvage				

Form 8A: Damage Assessment Report (A)

Information reported for (check one or more and list appropriate names):

_____ Location:

_____ Unit / Floor# / Room#:

_____ Owner / Occupier of Condominium:

Area of property, unit or floor	Function	Description of damage	Primary damage(s) or secondary damage(s)	Total estimated loss ($)	Estimated uninsured loss ($)
		Internal: Equipment:			
		Furniture:			
		Supplies:			
		Electrical installation:			
		Other:			

Form 8B: Damage Assessment Report (B)

Information reported for (check one or more and list appropriate names):

_____ Location:

_____ Unit / Floor# / Room#:

_____ Owner / Occupier of Condominium:

Area of property, unit or floor	Function	Description of damage	Primary damage(s) or secondary damage(s)	Total estimated loss ($)	Estimated uninsured loss ($)
		General:			
		External: **Roof:**			
		Windows:			
		Walls:			
		Miscellaneous:			

Form 9: Sample Monthly Maintenance Reporting Form

To: [*Hotel Manager/Assistant Manager*]

Report of the Maintenance Division for the month of:_____

Submitted by:_____ Date: _____

Trade	Area or room	Work done	Materials cost	Labor cost	Remarks
Carpentry **Doors** **Windows** **Roof** **Floors**					
Masonry					
Electricity					
Plumbing					
Painting					
Other trades					

Form 10: Employee Roll Call Form

This form should be incorporated into your establishment's Emergency Plan. All employee names should be pre-printed on this form to ensure that, during an emergency, all personnel will be checked and accounted for.

Employee Name	Work Location	Present at Roll Call?	
1. _____	_____	☐ Yes	☐ No
2. _____	_____	☐ Yes	☐ No
3. _____	_____	☐ Yes	☐ No
4. _____	_____	☐ Yes	☐ No
5. _____	_____	☐ Yes	☐ No
6. _____	_____	☐ Yes	☐ No
7. _____	_____	☐ Yes	☐ No
8. _____	_____	☐ Yes	☐ No
9. _____	_____	☐ Yes	☐ No
10._____	_____	☐ Yes	☐ No
11._____	_____	☐ Yes	☐ No
12._____	_____	☐ Yes	☐ No
13._____	_____	☐ Yes	☐ No
14._____	_____	☐ Yes	☐ No
15._____	_____	☐ Yes	☐ No
16._____	_____	☐ Yes	☐ No
17._____	_____	☐ Yes	☐ No
18._____	_____	☐ Yes	☐ No
19._____	_____	☐ Yes	☐ No
20._____	_____	☐ Yes	☐ No
21._____	_____	☐ Yes	☐ No
22._____	_____	☐ Yes	☐ No
23._____	_____	☐ Yes	☐ No
24._____	_____	☐ Yes	☐ No
25._____	_____	☐ Yes	☐ No

Form 11: Establishment Damage and Needs Assessment Form (TS-DANA)

Based on the Form for the Collection of Information of Damage and Needs Assessment: Form 400.1. - Damage and Needs Assessment Report. (Stages 1 and 2).

1

Report No.____ Date_____ Time _____
Name _____
Position_____
_____
_____

2

Business Name/Business Location covered by this report:
_____
_____
_____

3

Scene Assessment:

Smoke color:
- ☐ White
- ☐ Black
- ☐ Unknown

Health Effects:
- ☐ Choking
- ☐ Running noses
- ☐ Unconsciousness

Blast sound:
- ☐ Large
- ☐ Small then large

Odor indicators:
- ☐ Garlic
- ☐ Chlorine
- ☐ Other
- ☐ Unknown

Suspicious Persons/Activities
Description:
_____
_____
_____
_____
_____

4

Situation:
- ☐ Terrorism
- ☐ Bomb threat
- ☐ Suspicious package
- ☐ Explosion
- ☐ Chemical
- ☐ Building collapse
- ☐ Severe Illness
- ☐ Hurricane
- ☐ Other _____
- ☐ Secondary event(s)

_____

5

Initial Actions Taken:
- ☐ Shelter-in-place
- ☐ Evacuation
- ☐ Shelter taken at location: _____
  _____
- ☐ Fire suppression
- ☐ Other _____
  _____

6

Human Population Affected:

Type, quantification and location of damage and needs. Actions taken.

6a

Description:

A) Damage:
- ☐ Deaths: (#)_____
- ☐ Injuries: (#)_____
- ☐ Missing: (#)_____
- ☐ Other: (#)_____
- ☐ Information not available at this time

_____
_____
_____
_____
_____

6b

B) Immediate needs
- ☐ Shelter
- ☐ Food
- ☐ Water
- ☐ Blankets
- ☐ Other shelter items
- ☐ Generators
- ☐ Cooking utensils
- ☐ Toiletries
- ☐ Tarpaulins
- ☐ Building materials

_____
_____
_____
_____
_____

7

Buildings/Facilities

7a

Description:

A) Damage:

Buildings
- ☐ Partially destroyed ☐ Totally Destroyed

Utilities

Electricity
- ☐ Available ☐ Unavailable

Clean water
- ☐ Available ☐ Unavailable

Communications

Radio:
- ☐ Available ☐ Unavailable

Television
- ☐ Available ☐ Unavailable

Telephone/Fax
- ☐ Available ☐ Unavailable

Mobile/Cell phones
- ☐ Available ☐ Unavailable

E-mail
- ☐ Available ☐ Unavailable

7b

B) Immediate Needs
- ☐ Shelter
- ☐ Food
- ☐ Water
- ☐ Blankets
- ☐ Other shelter items
- ☐ Generators
- ☐ Cooking utensils
- ☐ Toiletries
- ☐ Tarpaulins
- ☐ Building materials

8

Transportation Access

Description:

A) Damage:

Roads
- ☐ damaged
- ☐ obstructed by debris
- ☐ land slippages
- ☐ fallen trees
- ☐ wave effects

B) Immediate Needs:
- ☐ Road clearing
- ☐ Transportation for customers
- ☐ Heavy-duty equipment

9

Additional Notes Final Comments

10

Signature_____

Form 12: Establishment Damage Assessment for Safety Form

This form should be used to conduct an assessment of safety issues after a business disruption. You can customize the form using the information collected in your Tourism Site Vulnerability Assessment. When damage is found, it should be carefully documented, and the area should be photographed if applicable. Note whether the damage poses an immediate danger to life safety, such as live electrical wires hanging over a doorway, or only a danger for further damage to the property. Damage that does not pose an immediate threat to life safety should also be documented and prioritized according the estimated cost of repair and necessity for restoring critical business operations.

	Immediately dangerous to life safety?	Dangerous to property?	Notes
Architectural features			
Utility systems			
Mechanical systems (HVAC)			
Life-safety systems			
Security systems			
Hazardous materials			

Form 13: Media Inquiry Relay Form

Any employee who has been approached by media representatives for information should complete this form and submit it to the establishment Media Coordinator.

Media agency: _____

Point of contact: _____

Contact information:

Address: _____

Phone number: _____

Alternate phone number: _____

Date/Time of inquiry: _____

Questions/Specific information desired:

1. _____
2. _____
3. _____
4. _____
5. _____

Notes:

_____

_____

_____

Reviewed and approved by Media Coordinator: _____

Media Coordinator's signature

Information relayed to TEMC/TEOC at (Date/Time): _____

TEMC/TEOC point of contact: _____

Via: ☐ Fax ☐ Phone ☐ In-Person

Form 14: Priority Restoration Actions for Establishments

What are your most critical business functions that must be restored?

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have adequate access to:

Electricity	Yes	No
Gas	Yes	No
Telephone/Fax	Yes	No
IT networks	Yes	No

Do you have access to your business? Yes No

If no, what is preventing you from returning?

_____
_____
_____
_____
_____

Do you have adequate personnel to perform critical business functions? If not, what personnel do you require?

1. _____
2. _____
3. _____
4. _____
5. _____

What equipment do you need to restore these business functions?

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have adequate personnel to return to a normal work schedule? Yes No

What can you do to obtain the personnel you need?

_____

If you cannot obtain the personnel you need on your own, what personnel do you require to do so?

1. _____
2. _____
3. _____
4. _____
5. _____

When can you restore a normal work schedule? (Estimated): _____

Have you restored relationships with your regular vendors and suppliers? Yes No

If no, what is preventing you from doing so?

_____
_____
_____
_____

Form 15: Tourism Site Vulnerability Assessment Tool

As discussed in the Terrorism Preparedness section, the Tourism Site Vulnerability Assessment Tool (TS-VAT) is designed to assist tourism establishments with finding and evaluating vulnerabilities pertaining to terrorism and personal safety. Use the TS-VAT to examine what characteristics of your establishment's buildings, equipment, supplies and systems may leave it more vulnerable or make it more prepared for terrorist events. This checklist is also to be used to evaluate whether establishment employees have the knowledge, tool and capabilities that are essential to its preparedness.

The following are some items to consider when using this tool:

- Take the time to clearly respond to each question and use this information as a resource to identify your at-risk elements.

- The information collected in this process can be used as a resource by your security department and will be important to improving preparedness.

- This information will also be useful to government disaster management, police, fire services and emergency medical services that may be called to your establishment in the event of an emergency.

- Each question is designed to guide you to examine for the presence of both vulnerabilities and existing security and safety measures in place.

- Carefully document vulnerabilities that are identified and photograph the area if applicable.

- When the assessment is completed, review the findings with the appropriate persons at your establishment business. Prepare a summary report to articulate findings and recommendations regarding areas for improvement.

- The findings and recommendations of this tool will also be important to the development of your establishment Emergency Plan and Cluster Emergency Plan.

Site Vulnerability Assessment Checklist

Using the form provided below, please respond to each question with a summary of findings and/or comments. Investigators should consider each question in the context of safety and security. When possible, photographic documentation should be used to further demonstrate findings.

1. SITE LOCATION
What major structures surround the facility?
What critical infrastructure, government, military, or recreation facilities are near the establishment?
What are the adjacent land uses immediately outside the perimeter of the establishment (site or building(s))?
What materials were used to construct the establishment's building(s)? (Wood, brick, etc.)
Is the establishment located in a floodplain? ☐Yes ☐No
In dense, urban areas, does curb lane parking allow uncontrolled vehicles to park unacceptably close to the establishment? ☐Yes ☐No
Does the establishment have a perimeter fence or other type of barrier controls in place? ☐Yes ☐No
What are the access points to the establishment's site or building?
Is vehicle traffic separated from pedestrian traffic near the establishment? ☐Yes ☐No
Is there vehicle and pedestrian access control at the perimeter of the site? ☐Yes ☐No
Do site landscaping and street furniture provide hiding places? ☐Yes ☐No
Is the site lighting adequate from a security perspective in roadway access and parking areas? ☐Yes ☐No
Are all existing fire hydrants near the establishment accessible? ☐Yes ☐No
Can a vehicle approach the establishment at a high rate of speed? ☐Yes ☐No

2. ARCHITECTURAL FEATURES
Does the establishment share the building with other businesses or tenants? ☐Yes ☐No
Are there trash receptacles and mailboxes in close proximity to the building that can be used to hide explosive devices? ☐Yes ☐No
Is access control provided through main entrance points for employees and visitors? (lobby receptionist,

sign-in, staff escorts, issue of visitor badges, checking forms of personal identification, electronic access control systems) ☐Yes ☐No
Is access to elevators distinguished between those that are designated only for employees and for visitors? ☐Yes ☐No
Do public and employee entrances include space for possible future installation of access control and screening equipment? ☐Yes ☐No
Is roof access limited to authorized personnel by means of locking mechanisms? ☐Yes ☐No
Are loading docks and receiving and shipping areas separated in any directions from utility rooms, utility mains, and service entrances, including electrical, telephone/data, fire detection/alarm systems, fire suppression water mains, cooling and heating mains, etc.? ☐Yes ☐No
Does the mailroom have adequate space available for equipment to examine incoming packages? ☐Yes ☐No
Are areas of refuge/shelter-in-place identified, with special consideration given to emergency evacuation? ☐Yes ☐No
Are stairwells required for emergency evacuation located as remotely as possible from high-risk areas where blast events might occur? ☐Yes ☐No
Are ceiling and lighting systems designed to remain in place during hazard events? ☐Yes ☐No

3. UTILITY SYSTEMS
What is the establishment's source of water? (utility, municipal, wells, lake, river, storage tank) Where is it?
Is there a secure alternate water supply? ☐Yes ☐No If so, where is it?
Does the establishment have storage capacity for water? ☐Yes ☐No
How many gallons of storage capacity are available and how long would it last?
What is the source of water for the fire suppression system?
Are there alternate water supplies for fire suppression? ☐Yes ☐No
What fuel supplies does the building rely upon for critical operation?
How much fuel is stored on the site or at the building and how long can this last?
How is it stored?
How is it secured?
What is the normal source of electrical service for your establishment?
Is there a redundant electrical service source?

☐Yes ☐No
What provisions for emergency power exist? What systems receive emergency power, and have capacity requirements been tested?
Is there an exterior connection for emergency power? ☐Yes ☐No
Does the establishment have back-up telephone or communications capabilities? ☐Yes ☐No
Does the telephone system have an uninterruptible power supply (UPS)? ☐Yes ☐No
4. MECHANICAL SYSTEMS (Heat, Ventilation, Air-Conditioning)
Where are the air intakes and exhaust louvers for the building? (low, high, or midpoint of the building structure)?
Are the intakes and exhausts accessible to the public? ☐Yes ☐No
Is roof access limited to authorized personnel by means of locking mechanisms? ☐Yes ☐No
Is access to mechanical areas similarly controlled? ☐Yes ☐No
Are there multiple air intake locations? ☐Yes ☐No
What are the types of air filtration at the establishment? Include the efficiency and number of filter modules for each of the main air handling systems.
Is there any collective protection for chemical, biological, and radiological contamination designed into the building? ☐Yes ☐No
Is there space for larger filter assemblies on critical air handling systems? ☐Yes ☐No
Are there provisions for air monitors or sensors for chemical or biological agents? ☐Yes ☐No
By what method is the air intake(s) and exhaust(s) closed when not operational?
How are the establishment's air handling systems zoned?
Are there large central air handling units, or are there multiple units serving separate zones?
Are there any redundancies in the air handling system? ☐Yes ☐No
Can critical areas be served from other units if a major system is disabled? ☐Yes ☐No
What is the method of temperature and humidity control?
Is it localized or centralized?
Does the control of air handling systems support plans for sheltering in place or other protective approach? ☐Yes ☐No
Are there any smoke evacuation systems installed? ☐Yes ☐No
Are fire dampers installed at all fire barriers?

☐Yes ☐No
Are all dampers functional and seal well when closed? ☐Yes ☐No
Do elevators have recall capability and elevator message capability? ☐Yes ☐No
Is access to critical establishment information restricted? ☐Yes ☐No

5. LIFE SAFETY SYSTEMS
Is the building fire alarm system centralized or localized?
How are alarms made known, both locally and centrally?
Are critical documents and control systems located in a secure yet accessible location? ☐Yes ☐No
Where are the fire alarm panels located?
Do they allow access to unauthorized personnel? ☐Yes ☐No
Is the fire alarm system standalone or integrated with other functions such as security and environmental or building management systems?
What is the interface?
Is there redundant off-premises fire alarm reporting? ☐Yes ☐No
Are evacuation routes clearly marked and unobstructed? ☐Yes ☐No
Is stairway and exit sign lighting operational? ☐Yes ☐No
Do designated assembly areas exist for site evacuation? ☐Yes ☐No Are there a primary and alternate evacuation areas? ☐Yes ☐No
Does a mass public address system exist for notification of personnel on the interior of the facility? ☐Yes ☐No Does one exist for the exterior? ☐Yes ☐No

6. SECURITY SYSTEMS
Perimeter and Interior Security
Are black/white or color CCTV (closed circuit television) cameras used? ☐Yes ☐No
Are they monitored and recorded 24 hours/7 days a week? ☐Yes ☐No By whom?
Are they analog or digital by design?
What the number of fixed, wireless, and pan-tilt-zoom cameras used?
Who are the manufacturers of the CCTV cameras?
What is the age of the CCTV cameras in use?

Are the perimeter cameras supported by an uninterruptible power supply, battery, or building emergency power? ☐Yes ☐No
What type of security access control system is used?
Are the devices used for physical security also used (integrated) with security networks (e.g., in place of or in combination with user ID and system passwords)? ☐Yes ☐No
What is the backup power supply source for the access control systems? (battery, uninterruptible power supply)
What types of locking hardware are used throughout the building?

7. HAZARDOUS MATERIALS

Are any potentially hazardous chemicals, combustible, or toxic materials stored on site in non-secure and non-monitored areas? ☐Yes ☐No
What security controls are in place to handle the processing of mail and protect against potential biological, explosive, or other threats?
Does the establishment maintain onsite any Personal Protective Equipment for handling potential hazardous substances? ☐Yes ☐No
Does the establishment have decontamination capability? ☐Yes ☐No
Are employees trained to handle blood-borne pathogens? ☐Yes ☐No

8. SAFETY AND SECURITY PLANS

Does a written security plan exist for the establishment? ☐Yes ☐No
When was the initial security plan written and last revised?
Who is responsible for preparing and reviewing the security plan?
Has the security plan been communicated and disseminated to key management personnel and departments? ☐Yes ☐No
Are threats/hazards, vulnerabilities, and risks adequately defined and security countermeasures addressed and prioritized relevant to their criticality and probability of occurrence? ☐Yes ☐No
Does the security plan address the protection of people, property, assets, and information? ☐Yes ☐No
Does an Emergency Action Plan exist for the establishment? ☐Yes ☐No
Does the plan explain procedures for evacuation and sheltering in place? ☐Yes ☐No
Does the plan integrate with business continuity and security? ☐Yes ☐No
Does the plan identify a crisis management structure? ☐Yes ☐No
When was the last time the plan was tested?