



Purpose

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

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Introduction

An *emergency* is any situation, actual or imminent, that endangers the safety and lives of volunteers or the security of the properties. Planning is essential for successfully minimizing any adverse effects of an emergency or disaster on a religious organizations and its operations. Emergencies and disasters can take many forms, including physical perils, such as fire, smoke, or water damage, work accidents, or deliberate acts of terrorism, sabotage, or vandalism. The action and recovery plans in this document have been designed to overview the key elements that should be included to help reduce the negative effects of an emergency or disaster.

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.

Emergency Action Planning

The following areas have been identified as important aspects of emergency response procedures.

The action information provided in these areas may be used to document actions to take in cases of a medical or safety emergency.

- Communication Plans
media crisis communication, facility closing announcements, and emergency 911 and local emergency contact information
- Emergency telephone numbers
- Medical emergency
- Fire emergency
- Weather related emergency actions:
blizzards, floods, lightning, tornado
- Harassing or obscene telephone calls
- Menacing person or weapons threat
- Domestic situation
(including a kidnapping/hostage checklist)
- Bomb threat
(including a bomb threat checklist)

Communication Action Plans

Because emergency situations attract media attention, media crisis communications should be included in your action plans. Similarly, unscheduled facility closing or cancellations are important parts of your emergency action plans to notify staff, students, and others using your facilities.

Media Crisis Communications

To help ensure that all media receive accurate, identical information, please direct any and all media inquiries you might receive to the following designated spokesperson:

Media Spokesperson: _____

Phone Number: _____

Church Closing and Cancellation Communications

Official unscheduled closing of the facility for cancellation of regular or special activities for unscheduled reasons will be determined and communicated to employees by the following designated individual(s): _____

Emergency Telephone Numbers

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

Emergency 911

1. When you call 911, provide the following information:
 - a. Give your name, the street address, and the specific location of the emergency.
 - b. Identify if immediate help is needed.
 - c. Tell what has occurred; be concise and factual.
 - d. Relate known or suspected injuries or fatalities.
2. If appropriate, notify individuals on your location's emergency contact list.

Local Emergency Contact Numbers

Contact	Phone Number
Ambulance:	
Civil Defense:	
Doctor:	
Fire:	
Gas Leaks:	
Poison Information Center:	
Police – Emergency:	
Police – Non-Emergency:	
Rape or Victim Services:	
Rescue:	
Weather Line:	

Emergency Contact Numbers

The following individuals in your organization should be contacted in an emergency.

Name	Phone Numbers	
	Work	Home
1.		
2.		
3.		
4.		

Medical Emergency Contacts

Personnel who are trained and certified to administer **first aid and/or CPR** are listed below.

Name	First Aid	CPR	Phone Number
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	

Medical Emergency

In the event of an injury or other medical emergency, follow these guidelines

1. Call the appropriate individuals listed on your Emergency Telephone Numbers Local Emergency Contact list.
 - a. Identify your location, street address, building name, office, room, or area of the building.
 - b. Describe the situation:
 - i. What has happened?
 - ii. What types of injuries are there?
 - iii. What kind of help is needed?
2. Obtain or provide on-site first aid. (See your Emergency Telephone Number listing for Medical Emergency Contacts.)
3. Alert any necessary individuals that an emergency is occurring. (See your Emergency Telephone Number listing.)
4. Alert appropriate individual who has reference to any personnel files for emergency medical instructions (e.g. diabetic): _____
5. Alert designated individual to notify family as appropriate: _____

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

Fire Emergency

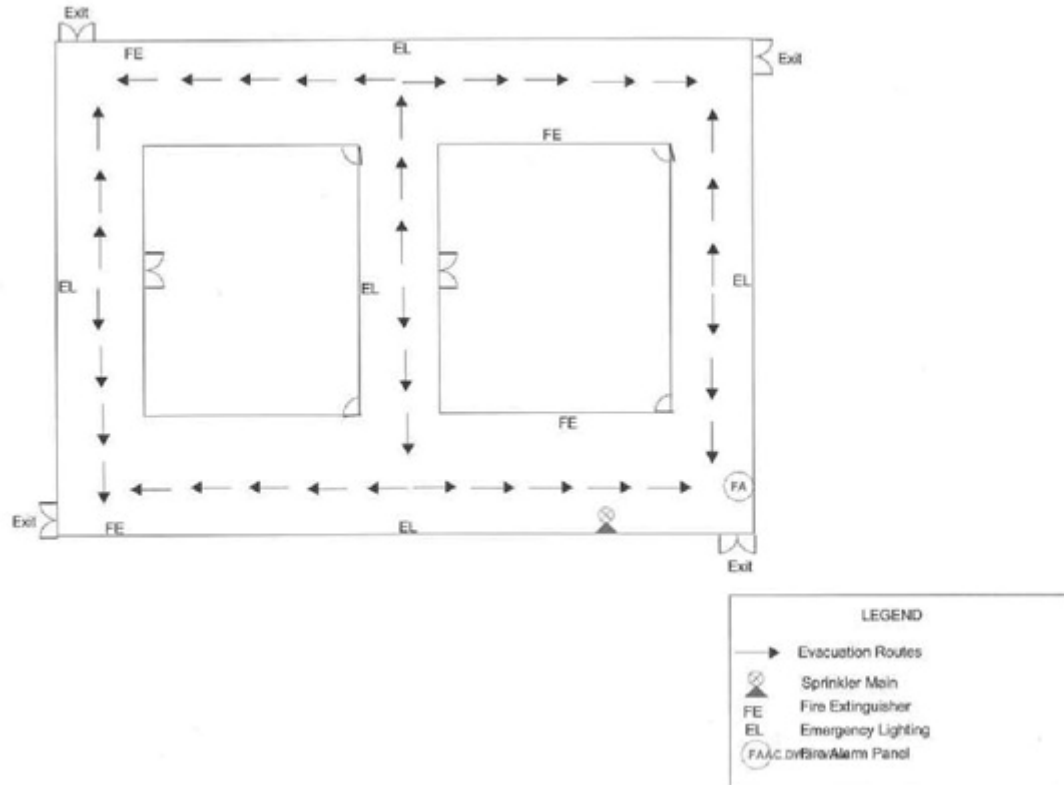
Planning

Before a fire, evaluate your buildings and its occupants. You should know who would need to be evacuated in case of fire (building occupants), the physical features of each building, the location of emergency resources in each area of your facility, and where to evacuate and assemble in a safe location outside the building while you wait for the fire department.

1. Know where your occupants are located and when the facility is at its greatest occupancy. In addition to staff and students, is there
 - a. A pre-school?
 - b. Sunday school?
 - c. A day care or nursery?
 - d. Any outside organization using the facility?
 - e. When is facility at its greatest occupancy?
2. Evaluate your buildings:
 - a. Type of construction
 - b. Heating system
 - c. Location of fire exits and elevators.
 - d. Transmission of alarm.
 - e. Smoke barrier system (e.g., fire doors, utility chases)
3. Know the location of fire emergency resources:
 - a. Fire alarm pull stations
 - b. Fire extinguishers
 - c. Sprinkler system
 - d. Emergency lighting
 - e. Detection devices (for example, heat, smoke, or flame detectors)
4. Develop evacuation routes, and prepare a diagram for each building containing the evacuation route and the location of fire emergency resources you have identified. (See the Sample Emergency Evacuation Diagram below.)
 - a. Post the building's diagram throughout the building in prominent locations.
 - b. Include a warning to not use elevators in case of fire.
5. Identify designated areas to assemble outside the facility and how to account for individuals.

6. Conduct regular, periodic fire drills.
7. Identify opportunities for improvement of fire evacuation plans, and communicate any updates to occupants.

Sample Emergency Evacuation Diagram



Emergency Actions

If an individual sees fire or detects smoke or a burning odor, the following actions should be taken:

Important: Do NOT use elevators.

1. Pull the closest fire alarm to initiate building evacuation.
2. If there is no immediate danger to yourself or others, use the nearest fire extinguishers to fight the fire.
3. If there is an immediate danger, exit the building using the closest evacuation route.
4. Call 911, and report the following:
 - a. The street address and building location of the fire.
 - b. The suspected cause and current status of the fire.
 - c. Your name and phone number.

5. Assemble outside the facility in the designated areas.
6. Account for all individuals once assembled in the designated areas.
7. Follow all instructions from the fire department and police.
8. Do NOT go back into the building.
Re-enter only after the all-clear is given by the fire department.

Severe Weather

Blizzards

1. Monitor approaching winter storm conditions, such as freezing rain, sleet, heavy snow, sustained high winds, and wind-chill conditions.
2. Ensure that employees are aware of cold weather safety rules and understand policies for operating or closing under adverse weather conditions.
3. Follow your emergency Communication Action plans for unscheduled closings and cancellations (page 4).

Floods

1. Monitor weather reports.
2. Secure the building, closing windows and inside doors.
3. In heavy rains, be aware of flash floods. If you see any possibility of a flash flood occurring, evacuate.
4. If you are advised to evacuate, calmly leave immediately.

Lightning

1. When a thunderstorm threatens, go immediately inside for protection.
2. Indoors, stay away from phones, windows and water, including sinks and faucets.
3. If you are in a hard-topped car, stay there.
4. If you are caught outside
 - a. Stay way from any object that could act as a natural lightning rod, such as a tall tree in an open area, an open field, open water, or small isolated sheds.
 - b. If you are caught in a field, crouch low to the ground; do not lie flat on the ground.
 - c. Stay away from fences or other metal objects.

Tornadoes and Severe Thunderstorms

Tornadoes and severe thunderstorms can affect almost all areas of the country. This section is devoted to guidelines that should be followed in the event of these severe weather conditions.

1. A *Tornado Watch* means weather conditions are favorable to the formation of tornadoes.
2. A *Tornado Warning* means a tornado has been sighted in the area.

Planning

1. Identify shelter areas in your building.
Important: If you are in a car, do NOT attempt to drive out of the way of a tornado. Tornadoes are unpredictable in their movements. Get out of your car, and lie flat in the nearest ditch or ravine, face down, with your hands over the back of your head.

Best Locations	Areas to Avoid
Basement Inside walls on opposite side from the direction the storm is approaching. Interior hallway on the lowest ground floor (no windows; doors secured at either end) Restrooms without windows	<ul style="list-style-type: none"> • Atriums • End rooms in one-story buildings • Hallways that could become “wind tunnels” • Lobbies • Rooms with large glass areas • Walkways

2. Have a flashlight and battery-operated radios available in all buildings to keep in or take to shelter areas.
3. Confirm your Communication Action Plans (page 4), including communicating to building occupants where their shelter areas are located and designating individuals who will bring the flashlight and battery-operated radios if these items are not kept in shelter areas.

Emergency Actions

1. If you are the designated emergency person, use your location’s weather alert media channel to monitor the approach and severity of the weather.

Radio Station: _____

TV Station: _____

2. If the Weather Service issues a severe weather or tornado warning for your immediate area, warn all individuals according to your Emergency Communication Action Plans.
3. Discourage occupants from leaving the building.

4. Close all doors; stay away from windows.
5. Move to your designated pre-planned shelter area.
 - a. If you are the designated individual to bring a flashing and radio, bring those to the shelter area.
6. Remain in the shelter area until an all-clear is given.
7. Reconvene building occupants when the emergency is past to make sure everyone is safe.

Harassing or Obscene Telephone Calls

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

1. If the calls are threatening in any way, or are continuous, immediately call your facility's designated emergency contact person. Give this designated individual the following information:
 - o Your name, extension number, and location.
 - o Date and time of the harassing calls.
 - o Content of the calls.
2. If any harassing or obscene messages are left in your voice mailbox, save those messages in case they are needed for evidence.
3. If a call becomes abusive, try to use the following customer relations techniques to move the caller into more productive behavior.
 - o Remain calm and reasonable.
 - o Display empathy for the caller's predicament.
 - o If the abusive behavior continues, forewarn the caller that unless abusive language is discontinued, you will hang up.
Example: "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 end this call."
 - o If the call remains unproductive, terminate the conversation.

Domestic Situation

1. Call the designated Emergency Contact (page 6).
2. Remain calm.
3. If it is safe to do so, alert other employees that an emergency or danger is present or imminent; and quietly leave the area.
4. If you observe volatile behavior politely ask to intercede.
 - a. Continue to monitor the situation.

- b. If it accelerates, call 911 or other designated emergency number on your Local Emergency Contact list (page 4).

Suspicious Item—Bomb

If you find an item you suspect is a bomb

1. Do NOT touch, move, or disturb the item.
2. Immediately call 911 or other designated emergency number on your Local Emergency Contact Numbers list (page 4).
3. Notify appropriate members on your Member Emergency Contact list (page 4).
4. Keep everyone away from the area until help arrives.

Also see Menacing Threats – Bomb threat, below.

Menacing Person Threats

If there is a potentially dangerous person in your area, follow these guidelines.

1. Remain calm and cooperate with the person(s); make no sudden movements.
2. If safe to do so, quietly leave the area.
3. Call 911 or other designated emergency number when it is safe to do so. (See your Local Emergency Contact list, page 4.)
 - a. Give your address
 - b. If you are in a position to explain your situation, give as much information as possible.
4. Notify any trustee or designated emergency personnel listed on your Emergency Contact List, page 4.

Bomb Threat

1. Be calm and courteous. Listen; do not interrupt.
2. Use the following Bomb Threat checklist to record all information provided by the caller.
3. After the caller hangs up, call 9-911 immediately.
4. Take the checklist with you as you evacuate the building.

Bomb Threat Checklist

Be calm. Be courteous. Listen. Do not interrupt.

Name:		Time of call:	Start: End:	Date of call:	
Dept.:		Number where call was received:			

Exact words of the caller:

Questions to Ask

When is the bomb going to explode?	
Where is the bomb right now?	
What kind of bomb is it?	
What does it look like?	
Why did you place it?	
Where are you calling from?	

Did the caller indicate knowledge of your facility? No Yes

If yes, explain: _____

(continued)

Bomb Threat Checklist (Continued)**Call Details:**

If the voice is familiar, who does it sound like?

Description of Caller's Voice and Speech Patterns:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Youth | <input type="checkbox"/> Disguised | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Excited | <input type="checkbox"/> Reading message | <input type="checkbox"/> Slow <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Foul language | <input type="checkbox"/> Soft <input type="checkbox"/> Loud | <input type="checkbox"/> Speech impediment |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Taped message |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Irrational | <input type="checkbox"/> Well spoken | |
| <input type="checkbox"/> Cracking voice | <input type="checkbox"/> Laughing | | |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Lisp | | |
| <input type="checkbox"/> Deep <input type="checkbox"/> High | <input type="checkbox"/> Nasal | | |
| <input type="checkbox"/> Deep/unusual breathing | <input type="checkbox"/> Normal | | |

Description of Background Noises:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Local | <input type="checkbox"/> Office/office machinery |
| <input type="checkbox"/> Animal | <input type="checkbox"/> Long distance | <input type="checkbox"/> PA system |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Machinery | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Motor | <input type="checkbox"/> Static |
| <input type="checkbox"/> Factory machinery | <input type="checkbox"/> Music | <input type="checkbox"/> Street noises |
| <input type="checkbox"/> House | | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Other (explain): | | |
-

After the caller hangs up, call 9-911 immediately.

Take this checklist with you as you evacuate the building

Kidnapping or Hostage Situation

For any hostage or kidnapping situation of staff or member of the facility, summon the appropriate designated Emergency Contact personnel immediately.

Ransom Note

If you receive a ransom note, follow these guidelines:

1. Call the appropriate Emergency Contact personnel immediately.
2. Minimize additional handling of the note until it can be delivered to authorities.

Phone Call

Follow these guidelines if you receive a phone call regarding an employee or member kidnapping or hostage situation:

1. Keep the caller on the line to get as much information as possible.
2. Stay calm, and continue to speak in a normal tone.
3. Ask the caller to repeat the message.
4. Use the kidnapping/hostage checklist on the next page to record all information.

Kidnapping/Hostage Call Checklist

**Be calm. Be courteous. Listen. Do not interrupt.
Speak in a normal tone. Ask the caller to repeat the message.**

Name:		Time of call:	Start:	Date of call:	
			End:		
Dept.:		Number where call was received:			

Exact wording of the threat:

Questions to Ask

Who has been kidnapped or taken hostage?	
Who are you?	
How can we be sure you have the person you say you do and that the person is unharmed?	
What are your demands?	
When will he/she be released?	
If we meet your demands, how do we know he/she will be released unharmed?	
Where and how can we reach you?	

Did the caller indicate knowledge of your facility? No Yes

If yes, explain:

(continued)

Kidnapping/Hostage Threat Checklist (Continued)

Call Details:

If the voice is familiar, who does it sound like?

Description of Caller’s Voice and Speech Patterns:

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Youth | <input type="checkbox"/> Disguised | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Distinct | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Excited | <input type="checkbox"/> Foul language | <input type="checkbox"/> Reading the message |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Irrational | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughing | <input type="checkbox"/> Taped message | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Lisp | <input type="checkbox"/> Well spoken | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Cracking voice | <input type="checkbox"/> Nasal | | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Normal | | <input type="checkbox"/> Speech impediment |
| <input type="checkbox"/> Deep | | | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> High | | | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Deep/unusual breathing | | | <input type="checkbox"/> Taped message |

Description of Background Noises:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Local | <input type="checkbox"/> Office/office machinery |
| <input type="checkbox"/> Animal | <input type="checkbox"/> Long distance | <input type="checkbox"/> PA system |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Machinery | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Motor | <input type="checkbox"/> Static |
| <input type="checkbox"/> Factory machinery | <input type="checkbox"/> Music | <input type="checkbox"/> Street noises |
| <input type="checkbox"/> House | | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Other (explain): | | |
-

After the caller hangs up, call 9-911 immediately.
 Take this checklist with you as you evacuate the building

Recovery Planning

Recovery planning consists of gathering 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 recovery following a crisis can save thousands of dollars in reduced damage. It may also allow you to resume normal operations faster, eliminating the many problems extended interruptions can create.

Your Recovery Profile could include the following information:

- A listing of trustees with financial authorization to approve work on your site.
- Your insurance contact information.
- A list of the priority areas most crucial to the operation of your facility.
- A contact listing of building contractors.
- Building statistics, including security access and grounds details.
- Inventories and protection plans for building contents, including furniture and fixtures, computers, electronics, telephone, and other media; documents, books, records, collectibles, and other valuable contents on your property.

You should keep this information in a safe location at your site *and* at the key executive's home. You may also require that this information be on file with the person in charge of contingency planning for your organization. Compiling this information will expedite the recovery process following a disaster.

Use the Recovery Plan documents in this section in your preparedness planning.

Recovery Profile

Developed for [your organization]

Address:	
Contact Person:	
Business Phone:	
After Hours Phone:	

Plan completed by

Name:	
Phone:	
Date:	

Trustees with Financial Authorization Approval

The individuals listed below have the authority to sign work authorizations on site so that work can begin without delay in case of disaster.

Name:	Contact Information

Insurance Contacts

Notify the insurance providers of the problem as soon as possible.

Building Insurance Carrier Name:	
Phone:	
Contents Insurance Carrier Name:	
Phone:	
Insurance Broker Name:	
Phone:	

Priority and Secure Areas

1. List in priority order, those areas of your facility most crucial to the operation of your organization:

- 1.
- 2.
- 3.
- 4.
- 5.

2. List all individuals who have security systems or secured rooms:

- 1.
- 2.
- 3.
- 4.
- 5.

3. List persons who have access to the secure areas if they are not on the premises.

- 1.
- 2.
- 3.
- 4.
- 5.

Building Contractors

Emergency Services			
Emergency Board-up:		Phone – Extension:	
Contact Person:		Emergency Phone:	
Emergency Phone Service:		Phone – Extension	
Contact Person:		Emergency Phone:	
Contractors			
General Contractor:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Electrical Contractor:		Phone - Extension:	
Contact Person:		Emergency Phone:	
HVAC Contractor:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Building and Ground Maintenance Service			
Computer Maintenance:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Elevator Maintenance:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Environmental Hauling:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Generator Rental:		Phone - Extension:	
Contact Person:		Emergency Phone:	

Glass Company:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Plumber:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Snow Removal:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Sprinkler Service:		Phone - Extension:	
Contact Person:		Emergency Phone:	
Window Cleaning:		Phone - Extension:	
Contact Person:		Emergency Phone:	

Primary Building Statistics

Year constructed: _____

Year of last structural renovation: _____

Specific blueprint location: _____

Standard office hours (Open from – to): _____

Blueprint Checklist

-
- Dimensions Plumbing

 - Electrical Structural

 - HVAC Structural renovations

Building Specifications

Number of floors: _____

Square footage per floor: _____

Total square footage: _____

Building Construction Type

Structure	%	Roof	%	Walls	%	Floors	%
Metal frame:		Built-up:		Metal stud/drywall:		Carpeted:	
Wood frame:		High ribbed metal:		Partitions:		Vinyl tile:	
Concrete Reinforced:		Single ply membrane:		Wood stud/drywall:		Marble stone:	
Other:		Other:		Other:		Wood:	
		Deck – concrete:				Concrete:	
		Deck – steel:				Other:	

Building Usage

- Apartments
- Classrooms
- Cold storage
- w/back-up power?
- Yes
- No
- Other: (define): _____
- Distribution center
- Mall
- Manufacturing
- Medical facility
- Offices
- Professional
- Retail sales
- Storage
- Warehouse

Electrical

Distribution location: _____

Building service capacity (in AMPS): _____

Service capacity per floor (in AMPS): _____

Breaker panel location: _____

Number of 20 AMP circuits per floor _____

Number of 15 AMP circuits per floor _____

How long will emergency lighting last? _____

Elevators:

Number of elevators: _____
 Service elevators: _____
 Manual (override): _____
 Elevator that operates on emergency back-up power: _____

Entrances

Number of entrances: _____
 Loading docks: Number: _____ Size: _____
 Overhead doors: Number: _____ Size: _____
 Walk through doors: Number: _____ Size: _____

Stairwells

Number of stairwells: _____
 Alarmed or self-locking: _____
 Emergency lighting: _____
 Inside/outside of building: _____
 Vented: _____

Heating System

Heating System: Electric Oil Central System
 Forced air Radiator Individual system
 Gas Steam Localized system
 Smoke system in HVAC duct system? Yes No

Hot Water Heaters

Number of tanks: _____
 Location of tanks: _____

Plumbing

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

Fire Protection

Dry system Halon

Fire Extinguisher Sprinkler

Other: _____

Hazardous Materials

Are hazardous materials on any structural surfaces? Yes* No

- *If yes, identify where: Asbestos Blown
 Asbestos tile
 Asbestos pipe wrap

Are any hazardous materials stored on the site?	<input type="checkbox"/> Yes**	<input type="checkbox"/> No
** If yes, please complete A and B below: A. identify location and specifics on what type of materials are stored:		
B. Are they registered with the proper authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Grounds

- | | | | |
|------------------------------|--|---|---|
| Areas: | <input type="checkbox"/> On site parking | <input type="checkbox"/> Hazardous storage area | <input type="checkbox"/> Storage area |
| Parking Lot Drainage: | <input type="checkbox"/> On site | <input type="checkbox"/> Public sewer | <input type="checkbox"/> Stream or lake |
| 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 |
| 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 |
| Dumpster Type: | <input type="checkbox"/> Front open | <input type="checkbox"/> Top open | <input type="checkbox"/> Compactor |
| Number: | | | |
| Size: | | | |

Inventories

Furniture and Fixtures Protection

1. Do you have a furniture and fixtures detail report for this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		
2. Do you have video tape documentation of furniture and fixtures in a secure, fire-proof location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		
3. Special or custom-build furniture and fixtures? (If yes, list source, brand, and model number)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		
4. Lighting System:	<input type="checkbox"/> Fluorescent <input type="checkbox"/> Recessed w/covers	<input type="checkbox"/> Chandeliers <input type="checkbox"/> Specialty lighting or other
Notes:		
5. Window Coverings:	<input type="checkbox"/> Drapes	<input type="checkbox"/> Vertical blinds
	<input type="checkbox"/> Pull blinds	<input type="checkbox"/> Other (describe):
	<input type="checkbox"/> Venetian blinds	
Notes:		

Electronics and Audio Visual Protection Plan

<p>1. Is there a written computer and electronic hardware and software detail list?</p>	<input type="checkbox"/> Yes (attach list)	<input type="checkbox"/> No
<p>Notes:</p>		
<p>2. Is all software backed up and in a secure, fire proof location?</p>	<input type="checkbox"/> Yes (Please describe below.)	<input type="checkbox"/> No
<p>A. Backup Policy:</p>		
<p>B. Location:</p>		
<p>C. Notes:</p>		
<p>3. On what medium is information stored?</p>	<input type="checkbox"/> Floppy disk <input type="checkbox"/> Hard disk <input type="checkbox"/> Optical/Laser disk <input type="checkbox"/> Magnetic tape <input type="checkbox"/> All of the above	<input type="checkbox"/> Other (describe):
<p>4. Is any of the electronic data processing (EDP) equipment leased?</p>	<input type="checkbox"/> Yes (Please complete contact information below.)	<input type="checkbox"/> No
<p>Leasing Agent:</p>		
<p>Phone:</p>		
<p>Notes:</p>		

(Continued)

Electronics and Audio Visual Protection Plan – Continued)

<p>5. Is there a service maintenance contract in place locally for EDP equipment?</p>	<input type="checkbox"/> Yes (Please complete contact information below.)	<input type="checkbox"/> No
<p>Company:</p>		
<p>Address:</p>		
<p>Phone:</p>		
<p>6. Should your facility sustain a loss rendering the system useless for a period of time, has an alternate plan of action been determined?</p>	<input type="checkbox"/> Yes (Please describe below.)	<input type="checkbox"/> No
<p>Notes:</p>		
<p>7. Is there a department head on site who has intimate knowledge of the EDP systems?</p>	<input type="checkbox"/> Yes (Please describe below.)	<input type="checkbox"/> No
<p>Name:</p>		
<p>Phone:</p>		
<p>After hours phone:</p>		
<p>8. Is there any special or additional insurance coverage for EDP or communication equipment?</p>	<input type="checkbox"/> Yes (Please describe below.)	<input type="checkbox"/> No
<p>Company name:</p>		
<p>Contact person:</p>		
<p>Address:</p>		
<p>Notes:</p>		

Computer, Electronic, and Audio Visual Equipment List

Use the table below to list the types and estimated quantities of computer, sound system, and telephone switching equipment on site.

	Location	Item	Description / Person Responsible	Dollar Value	Maintenance Agreement? (Y or N)	Warranty? (Y or N)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

Valuable Documents, Books, and Records Protection

1. Is there a priority selection list of vital records, books, and documents?	<input type="checkbox"/> Yes (Attach list.)	<input type="checkbox"/> 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: The processing of the actual data to a restored and accessible condition	Name:	Phone:
D. Relocation: The indexing, labeling, marking and refilling of restored books and records for use and service	Name:	Phone:
3. Is there any mechanical or special equipment (for example, microfiche), used to store the information concerning these books and records?	<input type="checkbox"/> Yes (See A. below.)	<input type="checkbox"/> No
A. If yes, are there provisions for protecting it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are confidential (restricted access) files and documents marked and prioritized for emergency removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		

Valuable Collectibles Protection

<p>1. Are there antiques, art work, hand bells, sheet music, or other valuable collectibles?</p>	<input type="checkbox"/> Yes (Attach list.)	<input type="checkbox"/> No
<p>Notes:</p>		
<p>2. Are valuables insured for disaster as well as theft?</p>	<input type="checkbox"/> Yes (Please describe.)	<input type="checkbox"/> No
<p>Insurer company and contact information:</p>		
<p>3. Who is responsible for the valuables? Name and contact information:</p>		

Valuable Collectibles List

Use the following table to list antiques, artwork, and other valuable collectible information.

	Location	Item Description	Person Responsible	Dollar Value	Insured for Disaster and Theft? (Y or N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

	Location	Item Description	Person Responsible	Dollar Value	Insured for Disaster and Theft? (Y or N)
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

Other Special Information

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

(04.15.08)

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