ASSESSMENT REQUEST FORM

DATE:

CONTACT INFORMATION

NAME (First, Middle, Last)		TITLE
EMAIL	PHONE	TIME ZONE
AFFILIATED FEDERATION		
LOCAL LAW ENFORCEMENT (Agency, Contact Name, Contact Information)		

FACILITY INFORMATION

LOCATION NAME			
STREET ADDRESS	CITY	STATE	ZIP
TYPE (Synagogue, JCC, Day School, Chabad House, etc.)	STYLE (Stand alone, shared/adjacent, Multi-tenant)		APPROX. SQFT

HOURS OF OPERATION:	AM	PM
Sunday:		
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		

	YES	NO
Do you schedule special events outside normal business hours?	☐	☐
Is the facility open to the general public?	☐	☐

SECURITY SYSTEMS IN USE:	YES	NO	N/A
Security Cameras……	☐	☐	☐
Recorded real time	☐	☐	☐
DVR	☐	☐	☐
NVR	☐	☐	☐
Remote Monitoring	☐	☐	☐
Intrusion Detection……..	☐	☐	☐
Motion sensors	☐	☐	☐
Glass break sensors	☐	☐	☐
Door contacts	☐	☐	☐
Window contacts	☐	☐	☐
Remote monitoring	☐	☐	☐
Duress/Panic Alarms……..	☐	☐	☐
Local siren/indicator	☐	☐	☐
Notifies Police	☐	☐	☐

Do you contract/employ security personnel? YES - ☐ NO- ☐ Special Events ONLY - ☐ During hours of operations- ☐ 24/7/365 - ☐
Do you have Post Orders? Yes- ☐ No- ☐ Armed- ☐ Unarmed- ☐

Emergency Operation Plans (EOPs)	**In Place** (Yes, No, N/A)	**Date of last Drill/Exercise**	**Year Updated**
Security Operations Plan			
Active Assailant/Shooter			
Severe Weather (Thunderstorm, Tornado, Huricane, Snow/Ice, etc.)			
Workplace Violence			
Evacuation			
Shelter-In-Place			
Bomb Threat/Discovered			
Mail Handling/Suspicious Package			
Lost/Missing Child			
Other:			
Other:			