



San Diego Regional Office
Inter-Agency Security and Safety Committee
Annual Security Audit

Date of visit: _____

Name of institution: _____

Address of institution: _____

Telephone number(s) of institution: _____

E-mail address(es): _____

Name of visiting security advisor: _____

Name(s) of institution participants: _____

Emergency Contact Information: *

If you would like to be on the ADL distribution list to receive information about security measures, threats, emergency alerts, etc., please provide the following contact information.

(To be updated annually.)

Name of Executive/Administrative Director: _____
Office Telephone Number and Ext: _____
Cell and/or Pager: _____
Email Address(es): _____
Home Telephone Number: _____
Additional Information: _____

Name of Rabbi (if applicable): _____
Office Telephone Number and Ext: _____
Cell and/or Pager: _____
Email Address(es): _____
Home Telephone Number: _____
Additional Information: _____

Name of Associate Rabbi (if applicable): _____
Office Telephone Number and Ext: _____
Cell and/or Pager: _____
Email Address(es): _____
Home Telephone Number: _____
Additional Information: _____

Name of President/CEO: _____
Office Telephone Number and Ext: _____
Cell and/or Pager: _____
Email Address(es): _____
Home Telephone Number: _____
Additional Information: _____

Name of Security Committee Chairperson: _____
Office Telephone Number and Ext: _____
Cell and/or Pager: _____
Email Address(es): _____
Home Telephone Number: _____
Additional Information: _____

Name of Day School (if different from institution name): _____

Name of Primary Day School Contact: _____

Title: _____

Office Telephone Number and Ext. _____

Cell and/or Pager: _____

Email Address(es): _____

Home Telephone Number: _____

Additional Information: _____

Name of Secondary Day School Contact (if applicable): _____

Title: _____

Office Telephone Number and Ext: _____

Cell and/or Pager: _____

Email Address(es): _____

Home Telephone Number: _____

Additional Information: _____

*** ALL INFORMATION IS RESTRICTED FOR USE BY THE ADL OFFICE AND THE IASSC.**

San Diego ADL IASSC Checklist – Annual Visit

The following questions pertain to the security of your institution. When applicable, please circle the correct answer. If a response requires a written explanation, please do so using the lines provided or attach additional pages. Please detail your site plan on the pages following the questionnaire. All information obtained through this visit and questionnaire will be kept private and confidential by the IASSC.

A. Site Plan

1) Entrances and exits

How many entrances are there? _____

How many emergency exits do you have that are not used as entrances? _____

Please show their locations on the plan.

2) Is the site plan readily available in the event of an emergency? **YES** **NO**

3) Does local law enforcement have a copy of your site plan? **YES** **NO**

If no, will a copy be provided? **YES** **NO**

If yes, is the plan up to date? **YES** **NO**

B. Physical Security

Please indicate the current security systems used at your institution by filling in the corresponding circles.

1) Access means

- Keys
- Proximity card
- Keypad
- Swipe card
- Other: _____

2) Surveillance

- Video cameras inside _____ outside _____
- Exterior lights
- Exterior lights with motion detectors
- Other: _____

3) Alarms

- Burglar (activated when facility is closed)
- Motion detectors
- Panic Buttons
- Sound indicator at entry/exit doors (activated when opened)
- Doors to storage rooms that are normally locked (activated when opened)
- Other: _____

4) Communications

- Intercoms
- Two-Way Radios
- Pagers
- Control center where access and surveillance systems are monitored
- Other: _____

5) Barriers

- Bollards (removable steel or concrete obstacles to block traffic flow)
- Perimeter fencing
- Fencing with gates between or around buildings
- Gated parking lot
- Turnstiles
- Bullet-resistant or shatter-proof windows
- Safe room
- Locks on trash dumpsters, storage sheds, and other outside enclosures
- Other: _____

6) Signs

- “No public parking, unauthorized vehicles will be towed”
- Directions to office for visitor sign-in
- “Private property, no trespassing”
- Other: _____

Do visitors sign in or otherwise register? **YES** **NO**
 How are the signs enforced? _____

C. Security Training and Procedures

1) Do you have a security manual? **YES** **NO**
 If yes, who has a copy or access to it? _____

Does it address the following threats?

Telephone bomb threat	YES	NO
Biological and chemical threats	YES	NO
Intruders and strangers	YES	NO
Suspicious letters or packages	YES	NO
Suspicious persons or vehicles	YES	NO
Vandalism	YES	NO
Anti-Semitic incidents	YES	NO
Lockdowns	YES	NO
Burglary	YES	NO
Theft	YES	NO
Threat warnings	YES	NO
Staff duties in each situation	YES	NO
Increase in security measures with elevated threat level	YES	NO
Schedules or procedures for staff training	YES	NO
Other threats	YES	NO

Please specify: _____

What checklists or other protocol are included? _____

2) Are employees trained in security procedures? **YES** **NO**

If so, how frequently are trainings held? _____

Who facilitates the training sessions? _____

Please list what was covered in the last training: _____

3) How are staff members warned of a security emergency? _____

4) Who receives/opens the mail? _____
Have they been trained on how to identify a suspicious package? **YES** **NO**

5) Would you like ADL to help you with your security procedures and/or training? **YES** **NO**

6) When did you last meet with local law enforcement and fire department officers to discuss site plans, security measures, threats, procedures, etc.? _____

7) Have you given law enforcement permission to enter your facility to arrest trespassers? **YES** **NO**

D. Security Problems

Have any of the following incidents occurred at your institution in the past two years?

- Vandalism
- Graffiti
- Arson
- Burglary
- Theft
- Physical attacks
- Vehicle break-ins
- Vehicle thefts
- Trespass or loitering
- Threats (Verbal, written, telephone, email, etc.)
- Suspicious letters or packages
- Suspicious persons or vehicles
- False burglar alarms
- Others Please list: _____

Did you report them to police? **YES** **NO**

Did you take actions to prevent recurrences? **YES** **NO**

If so, what actions did you take? _____

Did the incidents stop? **YES** **NO**

E. Daily Security Procedures

1) Security checks

Does the first person at work check the perimeter of the building before entering it? **YES** **NO**

Does the last person out of the building check the perimeter of the building before leaving? **YES** **NO**

How do you determine that the building is empty and properly locked at closing time? _____

2) Alarms (If present)

Is the alarm activated when the last person leaves the building? **YES** **NO**

Who has access to the alarm code? _____

Where does the alarm sound and what is the procedure for calling the police? _____

3) Cameras

Are security cameras monitored while the facility is open? **YES** **NO**
If yes, who monitors them? _____
How long do you keep the camera tapes? _____ Days

4) Security Guards

Do you employ security guards? **YES** **NO**
If so, how many and what hours are they on duty? _____

What special events do they work (e.g. High Holy Days, wedding receptions, etc.)? _____

Are they armed? **YES** **NO**
What are their primary duties? _____

What staff person oversees the security guard(s) and how are they managed? _____

Are the guards familiar with your emergency plans? **YES** **NO**
How and to whom do guards report in emergency situations? _____

5) Staff IDs

Do your staff members and employees have personal photo ID badges? **YES** **NO**
If so, are they required to wear them when in the facility? **YES** **NO**

6) Visitor control

How and by whom are visitors screened? _____

Are visitors given badges to wear in your facility? **YES** **NO**
Are visitors escorted when in your facility? **YES** **NO**
If so, by whom? _____
Are contract workers escorted and supervised when they are in the facility? **YES** **NO**

7) Communications

Who answers the phone? _____
Are the phones equipped with caller identification and/or caller tracing? **YES** **NO**
Is there a readily available emergency contact registry/list with phone numbers of key staff members, emergency service providers, etc.? **YES** **NO**
Do you have a procedure to recall key staff members if an emergency occurs outside of normal business hours? **YES** **NO**

8) Key control

Do you keep a log of all issued keys? **YES** **NO**
Do you change locks or codes after an employee quits or is terminated? **YES** **NO**

F. Disaster Preparedness/Evacuation Plan

1) Do you have a disaster procedures manual? **YES** **NO**
Does it deal with the following emergencies and procedures?

Earthquakes **YES** **NO**
Fires **YES** **NO**

Escape routes and drills	YES	NO
Evacuation plans and drills	YES	NO
Internal communications	YES	NO
External communications (e.g. with parents of school children)	YES	NO
Staff duties in each situation	YES	NO
Medical supplies	YES	NO
Disaster survival kits	YES	NO
Schedules for staff training	YES	NO
Other topics. Please specify: _____		

What checklists are included? _____

2) Are employees trained in emergency procedures? **YES** **NO**
 If so, how frequently are trainings held? _____
 Who facilitates the training sessions? _____
 Please list what was covered in the last training: _____

3) How often are earthquake and/or disaster kits inspected and perishable supplies replaced? _____

4) How do you verify if and/or when everyone is out of the building(s) in evacuations? _____

5) Is the evacuation plan posted throughout your facility? **YES** **NO**
 When was the plan last reviewed and updated? _____
 When was the last evacuation drill? _____

6) How many fire extinguishers do you have? _____

How often are they inspected? _____
 Are all employees familiar with their location(s) and use? **YES** **NO**

G. Medical Emergencies

1) Are medical emergencies covered in any of your manuals? **YES** **NO**
 If so, which manual(s)? _____

2) How many First Aid kits do you have? _____

3) How many employees are trained in First Aid and CPR? _____

4) Is there an agreement with an EMT service and/or medical center to provide emergency medical care?
YES **NO**

5) Do you have an AED Defibrillator? **YES** **NO**

6) Do you have accident/injury report forms? **YES** **NO**
 Are staff members trained to fill them out? **YES** **NO**

H. Media Relations

1) What procedures do you have for dealing with the media in an emergency? _____

2) Do you have a website? **YES** **NO**

If so, what is the website address? _____

What criteria is used to determine what information about your institution is not posted on the website?

3) Has there been any harmful and/or suspicious activity on your website (e.g. hacking, spamming, malicious posts, viruses, etc.) in the past two years? **YES** **NO**

If so, what was your response and what effect did it have? _____

Thank you for completing this Security Checklist.

