



# 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:		SECURITY SYSTEMS IN USE:			
	AM	PM	YES	NO	N/A
Sunday:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Security Cameras</u> ..... Recorded real time DVR NVR Remote Monitoring			
		<u>Intrusion Detection</u> ..... Motion sensors Glass break sensors Door contacts Window contacts Remote monitoring			
		<u>Duress/Panic Alarms</u> ..... Local siren/indicator Notifies Police			
Do you schedule special events outside normal business hours?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Is the facility open to the general public?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you contract/employ security personnel? YES - <input type="checkbox"/> NO- <input type="checkbox"/> Special Events ONLY - <input type="checkbox"/> During hours of operations- <input type="checkbox"/> 24/7/365 - <input type="checkbox"/>					
Do you have Post Orders? Yes- <input type="checkbox"/> No- <input type="checkbox"/> Armed- <input type="checkbox"/> Unarmed- <input type="checkbox"/>					
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, Hurricane, Snow/Ice, etc.)					
Workplace Violence					
Evacuation					
Shelter-In-Place					
Bomb Threat/Discovered					
Mail Handling/Suspicious Package					
Lost/Missing Child					
Other:					
Other:					