



ASSESSMENT REQUEST FORM

SCN use only

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
Previous Assessments? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, When and by whom?			Can a copy be provided to SCN? Yes <input type="checkbox"/> No <input type="checkbox"/>
HOURS OF OPERATION:		SECURITY SYSTEMS IN USE:		
AM		YES		
PM		NO		
N/A				
Sunday:		Security Cameras.....		
Monday:		Recorded real time		
Tuesday:		DVR		
Wednesday:		NVR		
Thursday:		Remote Monitoring		
Friday:		Intrusion Detection.....		
Saturday:		Motion sensors		
		Glass break sensors		
		Door contacts		
		Window contacts		
		Remote monitoring		
Do you schedule special events outside normal business hours?		Duress/Panic Alarms.....		
YES <input type="checkbox"/> NO <input type="checkbox"/>		Local siren/indicator		
Is the facility open to the general public?		Notifies Police		
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:				

Save as facility name. For additional facilities please complete a separate form and submit together.

Email completed request forms to: dutydesk@securecommunitynetwork.org