



Checklists, while no substitute for on-the-ground judgment, are an invaluable tool for capturing details about the site, ensuring that no key steps are overlooked, and preserving information that can be used during future operations.

Principal Profile

Completed by: _____
Date Completed: _____
Comments: _____

Pre-Advance

Completed by: _____
Date Completed: _____
Comments: _____

Destination Risk Profile

Completed by: _____
Date Completed: _____
Comments: _____

Detail and Command Post

Completed by: _____
Date Completed: _____
Comments: _____

Commercial Air Travel

Completed by: _____
Date Completed: _____
Comments: _____

Private Air Travel

Completed by: _____
Date Completed: _____
Comments: _____

Luggage

Completed by: _____
Date Completed: _____
Comments: _____

Ground Transportation

Completed by: _____
Date Completed: _____
Comments: _____

Route

Completed by: _____
Date Completed: _____
Comments: _____

Hotel

Completed by: _____
Date Completed: _____
Comments: _____

Restaurant

Completed by: _____
Date Completed: _____
Comments: _____

Emergency Medical Care

Completed by: _____
Date Completed: _____
Comments: _____

Notes



Executive Protection Principal Profile

Name of Principal

Company Name _____

Position _____

Company Address _____

Phone _____

Mobile Phone _____

Administrative Ast. _____

Phone _____

Mobile Phone _____

Spouse Name _____

Phone _____

Mobile Phone _____

Residence Address _____

Passport Country _____

Number _____

Expiration Date _____

Drivers License State _____

Number _____

Expiration Date _____

Physical Description

Sex

Height

Weight

Eye Color

Hair Color

M | **F**

Distinguishing Features

Scars _____

Marks _____

Tattoo _____

Blood Type _____

DOB _____

Place of Birth _____

Primary Physician _____

Phone _____

Dentist _____

Phone _____

Pharmacy _____

Phone _____

Address _____

Medications _____

Previous Medical _____

Children's Names _____

Photo of Principal

Photo of Spouse

Photo of Children

Photo of Residence

DNA Kit

Handwriting Sample

Fingerprints

Video of Principal

Medical Power of Attorney

Yes	No

Notes



This task does not require travel; it can be done with a telephone and computer. Gather key facts, make initial contacts, and consult files from previous trips to the location. Use judgment: if more or different information is needed, get it and note it at the end or attach it

Trip Basics

Date / Time EP Notified of Trip _____

Point of Contact / Position _____

Primary Phone _____

Principal Name _____

Title _____

Office Phone _____

Mobile Phone _____

Home Phone _____

Destination _____

Departure Date _____

Return Date _____

Trip Coordinator _____

Title _____

Office Phone _____

E-mail _____

EP Detail

Number of EP Specialist Assigned _____

Positions (check each assigned)

Supervisor	Driver	Advance	Close-in
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support Detail _____

EP Specialist Number 1 (Supervisor)

Name _____

Office Phone _____

Mobile Phone _____

E-mail _____

EP Specialist Number 2

Name _____

Position _____

Office Phone _____

Mobile Phone _____

E-mail _____

EP Specialist Number 3

Name _____

Position _____

Office Phone _____

Mobile Phone _____

E-mail _____

Historical Trip Review

Case File Number _____

Trip Date _____

EP Specialist _____

Notes



Trip Activities

	Yes	No
Itinerary Attached		

Purpose of Trip _____

Other Members of Party

Name _____
 Title _____
 Affiliation _____

Name _____
 Title _____
 Affiliation _____

Special Activities

Location _____
 Dates _____

Location _____
 Dates _____

Special Gear or Clothing Required for Principal _____

Transportation

Air Travel

Commercial Airports _____
 Airline _____
 Phone _____
 Reservation Number _____
 Seat Number / Type _____

Ground Transportation

Vendor _____
 Address _____
 Phone _____
 E-mail _____

	Yes	No
Map of Airport Terminal		
Map of Lounge Area		
Baggage Claim Area		
Pick-Up / Drop-Off Area		
Parking Garage / Area		

	Yes	No
Obtained Route Maps		

Number of Vehicles _____

Private Airprt

Aircraft Tail Number _____
 Aircraft Call Sign _____
 Chief Pilot Name _____
 Co-Pilot Name _____

Principal Vehicle

Make _____
 Model _____
 Year _____
 Tag Number _____
 Seat Configuration _____
 Driver Name _____
 Phone _____

	Yes	No
Need Ramp Steps		
Hanger Available		

	Yes	No
Photo of Driver		
Background Complete		



Helicopter
 Aircraft Tail Number _____
 Aircraft Call Sign _____
 Chief Pilot Name _____
 Co-Pilot Name _____

Support Vehicle
 Make _____ None
 Model _____
 Year _____
 Tag Number _____
 Driver Name _____
 Phone _____

International Travel Concerns

	Yes	No
Customs		
Imigration Visa is Valid		
Vacinations Complete		
Language Interpreters Required		

US Embassy or Consulate

Phone _____
 Contact Person _____
 Address _____

	Yes	No
Routes Established		

Nearby Medical Care

Hospital Name _____
 Address _____

 EMS Service
 Phone Number _____

 Med. Evac Company Name _____
 Phone Number _____
 24 Hour Hotline _____

Expected Local Conditions During Visit

	Yes	No
Crime Concerns		
Political Turmoil		
Social Turmoil		
Strikes		
Riots		
Holidays During Trip		
Projected Weather		

Lodging for Principal

Hotel Name _____
 Address _____
 Phone _____
 Reservation Name _____
 Room Type _____
 Confirmation Number _____
 General Manager Name _____
 Phone _____
 Security Director Name _____
 Phone _____
 Concierge Phone _____
 Housekeeping Sup. Name _____
 Phone _____

Lodging for EP Staff

	Yes	No
Same as Principal		

If No
 Hotel Name _____
 Address _____
 Phone _____
 Reservation Name _____

Local Law Enforcement Contacts

Agency Name _____
 Contact Person _____
 Phone _____
 Address _____

 Likely Respnse Time _____

Private Security Contacts

Organization _____
 Contact Person _____
 Phone _____
 Address _____
 Capabilities if Needed _____

Though most of the items below apply to both domestic and international travel, a few apply only to international travel.

Source Consult

Yes	No

EP Specialist who have worked on this type of trip or at the location in the past

Work off previous reports generated during past trips

Overseas Security Advisory Committee

Ijet, Direct Travel, Etc..

Low Law enforcement, Security, Car Services, Interpreters, etc..

Characteristics of Trip

Purpose of Trip

Business	Pleasure	
<i>Details</i>		

Main Activities Planned for Trip

Unusual, Potentially Risk Activities

Expected Exposure to Possible Threats

Other Relevant Findings

Preliminary Risk Ratings

Low	Medium	High



Departure Location

Airport Name _____
Address _____

Web Address _____

Airline _____
Terminal _____
Flight Number _____
Class / Seat Number _____
Airline Phone Number _____
Customer Service Number _____

Security Director Name _____
Mobile Phone _____
Airport Police Phone Number _____

	Yes	No
Map of Airport		

Drop Off Location _____

	Yes	No
Have Passports		
Cash for Curb-Side/Misc		

	Yes	No
Luggage check-in location identified		

	Yes	No
Carry-on luggage free of prohibited items		

	Yes	No
Boarding Pass Pre-Printed or available at check-in		

VIP Lounge Location _____

Restroom Location _____

TSA Checkpoint Waiting Time Estimate from TSA.gov

Customs/Immigration facilitation arrangements made

Medical Assistance Available on-site

Other Amenities available at airport

	Yes	No
Business Center		
Baggage Assistance		
Newsstand / Bookstore		
Convenience Store		
Gift Shop		
ATM		
Currency Exchange		
Shoe Shine		
Restaurants (sit down , carry-out)		

Is the airport under TSA "notice of deficient security"

	Yes	No

Advance checklist completed for destination airport

	Yes	No

Notes



Departure Location

Airport Name _____
 Address _____

 Web Address _____

 Security Contact _____
 Office Phone _____
 Mobile Phone _____
 Airport Police _____
 Phone Number _____
 Contact Person _____

FBO _____
 Address _____
 Contact Person _____
 Hours of Operation _____

Police Jurisdiction _____
 Phone Number _____
 EMS Service _____
 Phone Number _____

Nearest Hospital _____
 Address _____

	Yes	No
Trauma Center		
Trauma Center Level		

	Yes	No
Map of Airport		
FBO Security Appear Adequate		
FBO Access Control		
Secure Waiting Area		
Need / Have Transportation		
Luggage Free of Restricted Items		
Allowed to Drive onto Ramp		

Best Drop Off Location _____

Aircraft Information

Aircraft Type _____
 Year _____
 Tail Number _____
 Operator _____
 Hours of Flight Time _____
 Fuel Range _____

Aircraft Information (cont.)

Passenger Capacity _____
 Luggage Capacity _____
 Number of Flight Staff _____
 Chief Pilot Name _____
 Mobile Phone _____
 Copilot Name _____
 Mobile Phone _____

	Yes	No
Principal Medical Info Available		
EP Staff Transporting Firearms		

Expected Arrival Time _____
 Airport Name _____
 Address _____

Runway Length _____
 Restriction (night landing) _____
 Airport Phone Number _____

Alternate FBO _____
 Airport Name _____
 Address _____

Runway Length _____
 Restriction (night landing) _____
 Airport Phone Number _____
 Distance from Primary _____

Ground Transportation from those sites _____

	Yes	No
Advance of all FBO's		

Notes



Vehicles

Number of Vehicles _____

Car Rental Agency _____

Phone Number _____

Reservation Number _____

Car Service _____

Phone Number _____

Reservation Number _____

Contacted EP Car Service _____

Phone Number _____

Reservation Number _____

Principals Personal Car _____

Company Car _____

	Yes	No
Armored Car to be Used		

Vehicle Information

	Make	Model	Color	Tag Number
Vehicle 1				
Vehicle 2				
Vehicle 3				

	Yes	No
Secure Parking Arranged		

	Yes	No
Will Detail Use Lead Car		

Preferred Seating	Location in Vehicle
Principal	
Guest	
Guest	
EPS	

	Yes	No
Vehicle Maintenance up to Date		
Gas Tank Full		
Vehicle Clean Inside & Out		
Vehicle Security Check Conducted		

Notes

Equipment

	Yes	No
Bomb Mirror		
Spare Tire & Jack		
Flashlight		
Flares and Reflectors		
Umbrella		
Basic Tools		
GPS		
Cash / Credit Card for Fuel		
Fire Extinguisher		
Jumper Cables		
Advance First Aid Kit		
AED		
Maps		
Registration and Proof of Insurance		
Toll Pass		
Cell Phone Charger		

Drivers

Has EP Supervisor briefed the drivers on potential threats e.g. kidnap attempts, being run off the road, carjacking, assassination attempts.

Security measures including keeping doors locked, not leaving car unattended, keeping motor running as principal enters and exits the vehicle.

Courtesies should be outlined including expected dress requirements, demeanor, use of radio, keeping mobile phones on but on silent or vibrate.

Ensure the driver has cash to tip valets so vehicle can be staged close to hotel entrance, restaurant entrance, etc..

This Table must be completed

Driver Name	DL Number	TX



Date of Movement _____
 Scheduled Departure time _____
 Starting Address _____

 Destination Address _____

 Contact Person (dest) _____
 Phone Number _____
 Distance _____
 Expected Travel Time _____
 Principal Name _____
 Number in Party _____

 Number of Vehicles _____

Check for the following conditions, chokepoints, concerns

- Possible Traffic Problems
- Road Closures
- Special Events in the Area
- Bridges
- Overpasses
- Railroad Tracks
- School Zones
- Toll Plazas
- Construction Zones

Yes	No

Has the route been driven by an EPS during the same time or day and week as the scheduled transport

Yes	No

Identify Safe Havens along the Route

	Yes	No
Hospital		
Police Station		
Fire Station		

Will Countersurveillance be used during transport of principal

Yes	No

Primary Route

Secondary Route

Tertiary Route

Notes



If possible, conduct advance at same time of day principal will arrive. That is the best way to see what the conditions will be like when the principal arrives and to meet hotel staff who will be working during the visit.

Hotel Name _____

Reservation Number _____

Reservation Name _____

Address _____

Phone Number _____

Web Address _____

General Manager _____

Phone Number _____

Security Manager _____

Phone Number _____

Mobile Number _____

Arrival Date _____

Departure Date _____

Room Type _____

Room Location _____

Room Number _____

Room Phone Number _____

Concierge Name _____

Phone Number _____

Bell Captain _____

Phone Number _____

Housekeeping Manager _____

Phone Number _____

Food Service Manager _____

Phone Number _____

Valet Manager _____

Phone Number _____

Has check-in been arranged so that principal can walk directly to his/her room and bypass the front desk

Yes	No

Will the Principals mobile phone work throughout the hotel.

Yes	No

Will the EP teams mobile phones work throughout the hotel.

Yes	No

Will the EP teams comm equip. work throughout the hotel.

Yes	No

What amenities are available in the hotel

- Broadband Internet (Wi-Fi)
- Massage / Spa
- Pool
- Fitness Center
- Barber / Beautician
- Laundry / Dry Cleaning Service
- Retail Stores
- Business Center
- Restaurants
- Room Service

Yes	No

	Yes	No
Vehicle Kept Near Entrance		
Obtained Map of Hotel		
EP Team Familiar w/ Hotel Layout		
Evacuation Routes Identified		
Location of Fire Extinguishers		

Total

Number of Doors Principal room to exit	
Number of Doors EP rooms to exit	

Police Agency _____

Phone Number _____

Fire Department _____

Phone Number _____

Closest Hospital _____

Address _____

Distance & Time _____

Level 1 or 2 Trauma Center

Yes	No

Best Entrance for Principal to Arrive _____

Second Entrance for Principal to Arrive _____

Tertiary Entrance for Principal to Arrive _____

Yes	No

Are Arrival Points Covered



Restaurant Name _____
 Address _____
 Phone Number _____
 Cuisine _____
 Web Address _____
 Managers Name _____
 Phone Number _____

Alternate Restaurant (in case of problem with primary)

Restaurant Name _____
 Address _____
 Phone Number _____
 Cuisine _____
 Web Address _____
 Managers Name _____
 Phone Number _____

Contacted about special requirement

Yes	No

Contacted about special requirements

Yes	No

Maître d's Name _____
 Phone Number _____

Maître d's Name _____
 Phone Number _____

Contacted about special requirement

Yes	No

Contacted about special requirement

Yes	No

Vehicle Consideration

Where can EP vehicle be staged during the meal

Primary Entrance _____
 Secondary Entrance _____
 Tertiary Entrance _____
 Primary Exit _____
 Secondary Exit _____
 Tertiary Exit _____
 Restroom Location _____
 Dress Code _____

Notes

Manager made aware of seating requirements for principal and EP specialists (e.g., private room, away from window.)

Yes	No

Reservation Time _____
 Reservation Name _____
 Party Size (Principal Table) _____
 Party Size (EP Table) _____

Is there reason to believe that the restaurants fire suppression system is inadequate

Yes	No

Will the principals mobile phone work inside the facility

Yes	No

Will the EP staff's mobile phones and other communication devices work inside the facility

Yes	No

Responding Police Agency _____
 Responding Fire Department _____
 Closest Hospital _____



Hospital Information

Name _____
 Address _____
 Phone _____
 Web Site _____

ER Contact Peron _____
 Phone _____

Level of Care Provided by Hospital

	Yes	No
Level 1 or 2 Trauma Center		
Helicopter Pad Available		

If outside the US is Principal Eligible to use Hospital

	Yes	No

Does the Hospital have a Suitable Blood Supply

	Yes	No

English Speaking Doctors or Translators

	Yes	No

Is the Principals Insurance Accepted at the Hospital

	Yes	No

Procedures in Place to Evac Principal back to US

	Yes	No

What type of Specialist does the Hospital have on staff

Time from Hotel _____
 Time from Restaurant _____
 Time from Meeting Location _____

Location of nearest 24 hour Pharmacy

Name _____
 Address _____
 Phone _____
 Web Site _____

Is the Principals choice of Clergy Available if needed

	Yes	No

Will the Hospital allow EP staff to remain at all times

Yes	No

Primary Care Physician

Name _____
 Address _____
 Phone _____

Other Specialist the Principal may need based on history

Name _____
 Address _____
 Phone _____

Previous Medical Condition

Diagnoses	Date	Treatment

Current Medications

Name	Dosage	Taken

Known Allergies

Name	Reaction

Principal Blood Type

Prosthetics _____

Notes