

GENERAL ADVANCE WORKSHEET

-LOCATION/EVENT NAME:

ADDRESS:

DATE(S):

PHONE:

EMAIL:

-MANAGER POC:

NAME:

PHONE:

-SECURITY POC:

NAME:

PHONE:

-RESERVATION RMX:

-CHECK-IN RMX:

-BILLING RMX:

-PRIMARY PU/DO RMX:

-SECONDARY PU/DO RMX:

-VEHICLE STAGING/PARKING RMX

-PURPOSE/ITINERARY/ACTIVITIES:

-EVAC: ATTACK, MEDICAL, FIRE, RMX:

-IMAGERY: SAT OVERLAY: PRI/ALT ROUTES: ER/PD/FD/PHARM: VISUAL: FLOORPLAN:

-LOCAL EMERGENCY CONTACTS:

PD:

ER:

PHARM:

-MEDICAL RMX:

-WEATHER FORECAST:

-NATURAL DISASTER INDEX:

CLEAR CLOUDS RAIN STORM

1 2 3 RMX:

-GENERAL SECURITY RISK ASSESSMENT:

PHYSICAL BARRIERS & SITE HARDENING:

1 2 3 RMX:

LIGHTING:

1 2 3 RMX:

VIDEO SURVEILLANCE:

1 2 3 RMX:

SECURITY POLICIES & STAFF VETTING:

1 2 3 RMX:

SECURITY STANDARDS COMPLIANCE:

1 2 3 RMX:

OVERALL SCORE - RMX:

ACCESS CONTROL-PUBLIC/PRIVATE/SCREENED:

1 2 3 RMX:

SECURITY GUARDS & PERSONNEL:

1 2 3 RMX:

CRIME INDEX & INCIDENT HISTORY:

1 2 3 RMX:

EMS RESPONSE TIME:

1 2 3 RMX:

PERIPHERY & MAINTENANCE:

1 2 3 RMX: