Business Location Name

Does the building have another name?

Business Location Address, City, State and Zip Code

Business Location Main Telephone Number

Internet address for business location (Specific)

Number of Stories

Number of Subfloors

Main Building Site Square Footage Sq. Ft.

How are building floors numbered?

Are there floor plans for each individual floor? ☐ Yes ☐ No

Are the floor plans digital or paper? ☐ Digital ☐ Paper

How is the ground floor labeled?

Is there any location that 24-hour staff could NOT access with keys on hand? ☐ Yes ☐ No

What is that location?

Name, title and contact information for access:

Hazardous Materials onsite:

List of Emergency Codes:

Location of Duress Switch (if applicable)
## Business Location Personnel Information

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Telephone Number</th>
<th>Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resources Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance and Engineering Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Amenities Available at Business

- **Laundry**
  - Onsite
  - Offsite

  Location and hours of operation

- **Dry Cleaning**
  - Onsite
  - Offsite

  Location and hours of operation

- **Retail Store**

  Location and hours of operation

- **Snack Shop**

  Location and hours of operation

- **Business Center**

  Location and hours of operation
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Information</th>
<th>Location and Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Bathroom(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Bathrooms(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exit Door(s) Armed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Paging System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shuttle bus service(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
☐ AED(s)

Expiration Date: ________________________________________________

________________________________________________________________

Locations

________________________________________________________________

Locations

Information Regarding Social Climate of Business

☐ Social Turmoil

________________________________________________________________

Information

☐ Strikes

________________________________________________________________

Information

☐ Riots

________________________________________________________________

Information

Contractor Information

IT Department

In House ☐ Yes ☐ No

Company Name

__________________________

Contact Information

__________________________

Email Address

__________________________

Remote Access ☐ Yes ☐ No

After Hours Contact Information

__________________________
Hood System Company  ☐ Yes  ☐ No

Company Name

Contact Information

Email Address

Remote Access  ☐ Yes  ☐ No

After Hours Contact Information

Elevator Company  ☐ Yes  ☐ No

Company Name

Contact Information

Email Address

Remote Access  ☐ Yes  ☐ No

After Hours Contact Information

Clean Up Company for Spills  ☐ Yes  ☐ No

Company Name

Contact Information

Email Address

Remote Access  ☐ Yes  ☐ No

After Hours Contact Information
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Restoration Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote Access</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>After Hours Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glass Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote Access</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>After Hours Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door/Locksmith Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote Access</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>After Hours Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plumbing Contractor/Company</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Company Name</td>
<td></td>
<td></td>
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<tr>
<td>Contact Information</td>
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<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote Access</td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td>After Hours Contact Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electrical Contractor/Company</th>
<th>☐Yes ☐No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Remote Access</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>After Hours Contact Information</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HVAC Contractor/Company</th>
<th>☐Yes ☐No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Remote Access</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>After Hours Contact Information</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>Yes</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Security Camera Contractor</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Natural Gas Contractor</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Water and Sewer Contractor</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Company Name**

**Contact Information**

**Email Address**

**Remote Access**

**After Hours Contact Information**

Where is shut off located?

**Cook County Sheriff's Office February 2019**
Towing Contractor/Company

☐ Yes ☐ No

Company Name

Contact Information

Email Address

Remote Access ☐ Yes ☐ No

After Hours Contact Information

Alarm Panel Contractor/Company

☐ Yes ☐ No

Company Name

Contact Information

Email Address

Remote Access ☐ Yes ☐ No

After Hours Contact Information

Telephone Contractor/Company

☐ Yes ☐ No

Company Name

Contact Information

Email Address

Remote Access ☐ Yes ☐ No

After Hours Contact Information
<table>
<thead>
<tr>
<th><strong>Internet Provider</strong></th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
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</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote Access</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>After Hours Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Local Police Department</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commander/Chief Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Number to Station for Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Number to Station for NON-Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance from Subject Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Print out from internet with Commander/Chief Picture</td>
<td>☐ Print out of route options to facility</td>
<td></td>
</tr>
<tr>
<td>Response Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Fire Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Address</td>
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<td>Distance from Subject Location</td>
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<td></td>
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<tr>
<td>☐Print out from internet with Commander/Chief Picture ☐ Print out of route options to facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response Time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Police Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Commander/Chief Name</td>
</tr>
<tr>
<td>Direct Number to Station for Emergency</td>
</tr>
<tr>
<td>Direct Number to Station for NON-Emergency</td>
</tr>
<tr>
<td>Distance from Subject Location</td>
</tr>
<tr>
<td>☐Print out from internet with Commander/Chief Picture ☐ Print out of route options to facility</td>
</tr>
<tr>
<td>Response Time</td>
</tr>
</tbody>
</table>
### Tertiary Police Department

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Commander/Chief Name</td>
</tr>
<tr>
<td>Direct Number to Station for Emergency</td>
</tr>
<tr>
<td>Direct Number to Station for NON-Emergency</td>
</tr>
<tr>
<td>Distance from Subject Location</td>
</tr>
<tr>
<td>☐ Print out from internet with Commander/Chief Picture</td>
</tr>
<tr>
<td>Response Time</td>
</tr>
</tbody>
</table>

### Secondary Fire Department

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Commander/Chief Name</td>
</tr>
<tr>
<td>Direct Number to Station for Emergency</td>
</tr>
<tr>
<td>Direct Number to Station for NON-Emergency</td>
</tr>
<tr>
<td>Distance from Subject Location</td>
</tr>
<tr>
<td>☐ Print out from internet with Commander/Chief Picture</td>
</tr>
<tr>
<td>Response Time</td>
</tr>
</tbody>
</table>
Tertiary Fire Department

Name

Address

Commander/Chief Name

Direct Number to Station for Emergency

Direct Number to Station for NON-Emergency

Distance from Subject Location

☐ Print out from internet with Commander/Chief Picture
☐ Print out of route options to facility

Response Time

Nearest Trauma Hospital (Level 1):

Name

Address

Direct Telephone Number to Hospital

Direct Telephone Number to Hospital Administration

Direct Telephone Number to Hospital Security

Distance from Subject Location

☐ Print out of route options to facility
## Nearest Hospitals:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Direct Telephone Number to Hospital</th>
<th>Direct Telephone Number to Hospital Administration</th>
<th>Direct Telephone Number to Hospital Security</th>
<th>Distance from Subject Location</th>
<th>Print out of route options to facility</th>
</tr>
</thead>
</table>

☐ Print out of route options to facility
Nearest Hospitals:

Name

Address

Direct Telephone Number to Hospital

Direct Telephone Number to Hospital Administration

Direct Telephone Number to Hospital Security

Distance from Subject Location

☐ Print out of route options to facility
## Physical Plant

**Is the building Covered by Sprinklers?**
- ☐ Yes
- ☐ No

☐ Wet   ☐ Dry   ☐ Partial   ☐ Combination

**What floors are covered by partial/combination?**
______________________________________________________________

**Where are the sprinkler zone valves (to cut off each floor) located?**

- Is this on the floor plan?  ☐ Yes  ☐ No

- Does the building have a fire pump?  ☐ Yes  ☐ No

☐ Gasoline  ☐ Diesel  ☐ Electric

**How many of each type?**
____ Gasoline  ____ Diesel  ____ Electric

**Where are they located?**

- Is this located on any layout plan?  ☐ Yes  ☐ No

- Does the building have stand pipes?  ☐ Yes  ☐ No  ☐ Partial

**Date of last test:**
______________________________________________________________

**Class of Standpipes:**
- ☐ I
- ☐ II
- ☐ III

- Class I: 2.5” hose connections for FF only
- Class II: 1.5” hose cabinets with hose
- Class III: 1.5” hose cabinets with hose AND 2.5” hose connections for FF only

**Type of Standpipe:**
- ☐ Wet
- ☐ Dry
- ☐ Dry (Fire Department Only)

- Are there PRD (Pressure Restricting Device)  ☐ Yes  ☐ No

- Are there PRV (Pressure Reducing Valve)  ☐ Yes  ☐ No

**Type/brand of PRD**

______________________________

**Type/brand of PRV**

______________________________

- If PRV’s, do they contain check valves?  ☐ Yes  ☐ No

- What is the pressure?  ____________________________________________
### Physical Plant (Continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the PRV fire ground adjustable?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>On what floor(s) do the PRVs/PRDs stop?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there multiple FDC’s (Fire Department Connections) for the building?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Location of FDC(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the sprinkler and standpipe connections combined or separate?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are the sprinkler and standpipe connection together/on the same side of the building?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Which side? ☐ North ☐ South ☐ East ☐ West ☐ Other________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, how are they split?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where are they individually located?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the FDC’s set up in zones for floors?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How are they set up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where do the utilities come into the business?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric__________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone_________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water______________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other____________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Notes:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cook County Sheriff’s Office February 2019
Utility Systems

Is there a power company vault on property?  □Yes  □No

_____________________________________________________________

Location

_____________________________________________________________

Power Company Name

Is there an on-site backup generator  □Yes  □No

Fuel Source for backup generator:  □Gasoline  □Diesel  □Natural Gas

Is the fuel stored on-site  □Yes  □No

_____________________________________________________________

What is the location of the fuel

How long can you operate on backup power?  ______________________________

Does the generator have an electrical shunt disconnect?  □Yes  □No

What is powered from the backup?

□HVAC
□Security System
□Elevators
□Lights
□Doors
□Fire Alarm System

Is there a ground-level HVAC air intake?  □Yes  □No

Are the smoke control systems tied to HVAC?  □Yes  □No

Do you have a radio repeater system?  □Yes  □No
### Security Information

Do you have proprietary/private security?  ☐Yes  ☐No

Are they employed by you or another company?  ☐Inhouse  ☐Contractor

<table>
<thead>
<tr>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remote Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐Yes  ☐No</td>
</tr>
</tbody>
</table>

### After Hours Contact Information

Are they uniformed or plain clothes?  ☐Uniformed  ☐Plain Clothes

<table>
<thead>
<tr>
<th>Number:</th>
<th>Uniformed</th>
<th>Plain Clothes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uniform Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________________________________________________________________</td>
</tr>
</tbody>
</table>

### Total number of private security personnel per shift:

<table>
<thead>
<tr>
<th>First Shift Hours</th>
<th>Number of Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Shift Hours</th>
<th>Number of Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Shift Hours</th>
<th>Number of Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is security onsite 24/7/365?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐Yes  ☐No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is security armed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐Yes  ☐No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are they armed with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐Firearm  ☐Taser  ☐OC/Pepper Spray</td>
</tr>
</tbody>
</table>

Where is their office located on the premises?

| ___________________________________________________________________________________ |

What are the responsibilities of the security personnel?

| ___________________________________________________________________________________ |
Security Information (Continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have security cameras?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Where can the cameras be accessed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do they record?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What is their retention period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the cameras be accessed remotely outside of the facility?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>From what location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a “zone map” for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire alarm</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Burglar Alarm</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Security Cameras</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Additional Information:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
### Elevators

**Number of Elevators in the Building:**

<table>
<thead>
<tr>
<th>Car Number</th>
<th>Bank Number</th>
</tr>
</thead>
</table>

This elevator is typically used for

- [ ] Passenger
- [ ] Services
- [ ] Freight

And services floor ____________________________ to floor ____________________________

This elevator has phase [ ] No Fire Service [ ] I [ ] II

And recalls to floor ____________________________

Phase I: The key switch will be outside the car on the recall floor or in the control room

Phase II: The key switch will always be in the elevator car

Is this a blind shaft elevator? [ ] Yes [ ] No

Blind shaft is from floor ________ to floor ________

Elevator Manufacturer:

- [ ] Otis
- [ ] Schindler
- [ ] ThyssenKrupp

Connected to network? [ ] Yes [ ] No

Where are the elevator keys located? ____________________________________________

---

<table>
<thead>
<tr>
<th>Car Number</th>
<th>Bank Number</th>
</tr>
</thead>
</table>

This elevator is typically used for

- [ ] Passenger
- [ ] Services
- [ ] Freight

And services floor ____________________________ to floor ____________________________

This elevator has phase [ ] No Fire Service [ ] I [ ] II

And recalls to floor ____________________________

Phase I: The key switch will be outside the car on the recall floor or in the control room

Phase II: The key switch will always be in the elevator car

Is this a blind shaft elevator? [ ] Yes [ ] No

Blind shaft is from floor ________ to floor ________

Elevator Manufacturer:

- [ ] Otis
- [ ] Schindler
- [ ] ThyssenKrupp

Connected to network? [ ] Yes [ ] No

Where are the elevator keys located? ____________________________________________
Car Number________________ Bank Number________________

This elevator is typically used for ☐Passenger ☐Services ☐Freight
And services floor__________________________to floor__________________________
This elevator has phase ☐No Fire Service ☐I ☐II
And recalls to floor ________________________
Phase I: The key switch will be outside the car on the recall floor or in the control room
Phase II: The key switch will always be in the elevator car
Is this a blind shaft elevator? ☐Yes ☐No
Blind shaft is from floor_______to floor_______
Elevator Manufacturer: ☐Otis ☐Schindler ☐ThyssenKrupp
Connected to network? ☐Yes ☐No
Where are the elevator keys located? ________________________________
<table>
<thead>
<tr>
<th>Car Number________________</th>
<th>Bank Number_______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>This elevator is typically used for □Passenger □Services □Freight</td>
<td></td>
</tr>
<tr>
<td>And services floor________________ to floor_______________________</td>
<td></td>
</tr>
<tr>
<td>This elevator has phase □No Fire Service □I □II</td>
<td></td>
</tr>
<tr>
<td>And recalls to floor ________________________________</td>
<td></td>
</tr>
<tr>
<td>Phase I: The key switch will be outside the car on the recall floor or in the control room</td>
<td></td>
</tr>
<tr>
<td>Phase II: The key switch will always be in the elevator car</td>
<td></td>
</tr>
<tr>
<td>Is this a blind shaft elevator? □Yes □No</td>
<td></td>
</tr>
<tr>
<td>Blind shaft is from floor_______ to floor_______</td>
<td></td>
</tr>
<tr>
<td>Elevator Manufacturer: □Otis □Schindler □ThyssenKrupp</td>
<td></td>
</tr>
<tr>
<td>Connected to network? □Yes □No</td>
<td></td>
</tr>
<tr>
<td>Where are the elevator keys located? ________________________________</td>
<td></td>
</tr>
</tbody>
</table>
### Stairwells

<table>
<thead>
<tr>
<th>Stair: ____________________</th>
<th>Label: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location: __________________</td>
<td></td>
</tr>
<tr>
<td>Floors Served:</td>
<td></td>
</tr>
<tr>
<td>Does this stairwell lead to the outside of the building?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Standpipes?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Is this stairwell pressurized?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Does this stairwell access the main floor?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Can you enter the stairwell from the ground floor?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Type of stairs:</td>
<td>☐ Standard ☐ Scissors ☐ Fire Tower</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stair: ____________________</th>
<th>Label: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location: __________________</td>
<td></td>
</tr>
<tr>
<td>Floors Served:</td>
<td></td>
</tr>
<tr>
<td>Does this stairwell lead to the outside of the building?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Standpipes?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Is this stairwell pressurized?</td>
<td>☐ Yes ☐ No</td>
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<tr>
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<tr>
<td>Can you enter the stairwell from the ground floor?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Type of stairs:</td>
<td>☐ Standard ☐ Scissors ☐ Fire Tower</td>
</tr>
</tbody>
</table>
Stair: ____________________________  Label: ____________________________
Location:_________________________________________________________________
Floors Served: __________________________________________________________

Does this stairwell lead to the outside of the building?  ☐ Yes  ☐ No
Standpipes?  ☐ Yes  ☐ No
Is this stairwell pressurized?  ☐ Yes  ☐ No
Does this stairwell access the main floor?  ☐ Yes  ☐ No
Can you enter the stairwell from the ground floor?  ☐ Yes  ☐ No
Type of stairs:  ☐ Standard  ☐ Scissors  ☐ Fire Tower

Stair: ____________________________  Label: ____________________________
Location:_________________________________________________________________
Floors Served: __________________________________________________________

Does this stairwell lead to the outside of the building?  ☐ Yes  ☐ No
Standpipes?  ☐ Yes  ☐ No
Is this stairwell pressurized?  ☐ Yes  ☐ No
Does this stairwell access the main floor?  ☐ Yes  ☐ No
Can you enter the stairwell from the ground floor?  ☐ Yes  ☐ No
Type of stairs:  ☐ Standard  ☐ Scissors  ☐ Fire Tower
Parking Lot Evaluation

☐ Valet

Entry/Exits secured ☐Yes ☐No

How many entries/Exits? ________________________________

How is the outside lighting? ☐Poor ☐Average ☐Above Average

Security Cameras? ☐Yes ☐No

____________________________________________________________________________________

What are the types of typical traffic?

Additional Observations

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

Main Entrance

Are there any barricades? ☐Yes ☐No

Is there anything that could be used as a barricade? ☐Yes ☐No

What?

Additional Observations

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
<table>
<thead>
<tr>
<th>Perimeter</th>
<th>North Gate</th>
<th>Secured?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>By What?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Gate</td>
<td>Secured?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By What?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>East Gate</td>
<td>Secured?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By What?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>West Gate</td>
<td>Secured?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By What?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additional Observations</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## North

<table>
<thead>
<tr>
<th>Door?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Type(s)</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is door numbered?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Door?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a key needed?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Type of Key</td>
<td>____________________________</td>
</tr>
<tr>
<td>Where can key be obtained?</td>
<td>______________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## South

<table>
<thead>
<tr>
<th>Door?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Type(s)</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is door numbered?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Door?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a key needed?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Type of Key</td>
<td>____________________________</td>
</tr>
<tr>
<td>Where can key be obtained?</td>
<td>______________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## East

<table>
<thead>
<tr>
<th>Door?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Type(s)</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is door numbered?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Door?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a key needed?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Type of Key</td>
<td>____________________________</td>
</tr>
<tr>
<td>Where can key be obtained?</td>
<td>______________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## West

<table>
<thead>
<tr>
<th>Door?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Type(s)</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is door numbered?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Door?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a key needed?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Type of Key</td>
<td>____________________________</td>
</tr>
<tr>
<td>Where can key be obtained?</td>
<td>______________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Dock Area

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Type of Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a key needed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it left unattended?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal delivery hours?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Observations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Garbage disposal area

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secured?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Observations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Street Cameras

<table>
<thead>
<tr>
<th>Location</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>Red Light</td>
<td>Pod</td>
</tr>
<tr>
<td>Additional Observations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Patio Area

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any outside meeting/patio areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How accessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perimeter Secured?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By What?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Observations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public Transportation

Closest public transportation and routes (please attach map)

<table>
<thead>
<tr>
<th>Bus # / Train Line</th>
<th>____________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____________________________________________________________________</td>
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<tr>
<td></td>
<td>____________________________________________________________________</td>
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<td></td>
<td>____________________________________________________________________</td>
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<tr>
<td></td>
<td>____________________________________________________________________</td>
</tr>
</tbody>
</table>

Interior

Where is the main entry door? ____________________________________________________________________

________________________________________________________________________________________

Description of Area

Is there a canopy   ☐ Yes   ☐ No

What is the height _________________________________________________________________________

Total number of guest rooms _______________________________________________________________

Please notate for each following area:

Include: fire extinguishers, camera, stairwells, elevators etc.

What is in the basement?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What is on the first floor?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
What is on the second floor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is on the third floor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is on the fourth floor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is on the fifth floor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is on the sixth floor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is on the seventh floor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Cook County Sheriff’s Office February 2019
<table>
<thead>
<tr>
<th>Floor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eighth</td>
<td></td>
</tr>
<tr>
<td>Ninth</td>
<td></td>
</tr>
<tr>
<td>Tenth</td>
<td></td>
</tr>
<tr>
<td>Eleventh</td>
<td></td>
</tr>
<tr>
<td>Twelfth</td>
<td></td>
</tr>
<tr>
<td>Thirteenth</td>
<td></td>
</tr>
</tbody>
</table>
What is on the fourteenth floor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
What is on the twentieth floor?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is on the roof?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Interview of Owner

Name _______________________________________________________

Date ________________________  Time____________________________

**Within the last 6 to 12 months**

Any employees who have grudges against the business?  ☐Yes  ☐No

Any employees who have made threats against the business?  ☐Yes  ☐No

Any employees who have made threats against the Owner?  ☐Yes  ☐No

Any non-employees who have made threats against the Owner?  ☐Yes  ☐No

Any other unusual circumstances that should be noted:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Interview of General Manager

Name _______________________________________________

Date ______________________ Time ______________________

**Within the last 6 to 12 months**

Any employees who have grudges against the business? ☐ Yes ☐ No

Any employees who have made threats against the business? ☐ Yes ☐ No

Any employees who have made threats against the General Manager? ☐ Yes ☐ No

Any non-employees who have made threats against the General Manager? ☐ Yes ☐ No

Any non-employees who have made threats against the business? ☐ Yes ☐ No

Any other unusual circumstances that should be noted:

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________
Interview of Human Resources Manager

Name ____________________________________________________________

Date ________________________  Time____________________________

**Within the last 6 to 12 months**

Any employees who have grudges against the business?  ☐ Yes  ☐ No

Any employees who have made threats against the business?  ☐ Yes  ☐ No

Any employees who have made threats against the H.R. Manager?  ☐ Yes  ☐ No

Any non-employees who have made threats against the H.R. Manager?  ☐ Yes  ☐ No

Any non-employees who have made threats against the business?  ☐ Yes  ☐ No

Any other unusual circumstances that should be noted:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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Interview of Security Manager

Name __________________________________________________________

Date ________________________  Time ______________________________

**Within the last 6 to 12 months**

Any employees who have grudges against the business?  ☐ Yes  ☐ No

Any employees who have made threats against the business?  ☐ Yes  ☐ No

Any employees who have made threats against the Security Manager?  ☐ Yes  ☐ No

Any non-employees who have made threats against the Security Manager?  ☐ Yes  ☐ No

Any non-employees who have made threats against the business?  ☐ Yes  ☐ No

Any other unusual circumstances that should be noted:

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Interview of Maintenance/Engineering Manager

Name ________________________________________________________________

Date ________________________ Time ________________________________

**Within the last 6 to 12 months**

Any employees who have grudges against the business? □ Yes □ No

________________________________________________________________________

Any employees who have made threats against the business? □ Yes □ No

________________________________________________________________________

Any employees who have made threats against the M/E Manager? □ Yes □ No

________________________________________________________________________

Any non-employees who have made threats against the M/E Manager? □ Yes □ No

________________________________________________________________________

Any non-employees who have made threats against the business? □ Yes □ No

________________________________________________________________________

Any other unusual circumstances that should be noted:

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Bomb Threat Checklist

Keep the caller on the line as long as possible. Remain calm and courteous. Listen carefully. Do not interrupt.

Note the following items:

Person receiving call: _________________________ Extension: ______ Date: ________________

Time call received: _______________ Time call ended: ______ Number call came in on: _______________

State exact words and demands of caller: ________________________________________________

Ask the caller the following questions:

Where is the bomb? ______________________________________________________________________

Where exactly is it located? __________________________________________________________________

When will it explode? ______________________________________________________________________

What does the bomb look like? _________________________________________________________________

What kind of bomb is it? ______________________________________________________________________

Did you place the bomb? _______________________

Why? _____________________________________________________________________________________

Are you an employee? _________________________________________________________________________

Where are you calling from? __________________________________________________________________

Sex of Caller: ___________________ Age: _____________ Race: ______________________________________

Callers Voice:

☐ Calm  ☐ Laughing  ☐ Serious  ☐ Deep Breathing
☐ Angry  ☐ Crying  ☐ Joking  ☐ Cracking Voice
☐ Excited  ☐ Normal  ☐ Lisp  ☐ Disguised
☐ Slow  ☐ Distinct  ☐ Raspy  ☐ Accent
☐ Loud  ☐ Slurred  ☐ Deep  ☐ Familiar
☐ Rapid  ☐ Nasal  ☐ Ragged  _______________
☐ Soft  ☐ Stutter  ☐ Clearing Throat

Background Sounds:

☐ Street Noise  ☐ Music  ☐ Clear  ☐ Local Call
☐ Dishes  ☐ House Noises  ☐ Factory Machinery  ☐ Long Distance
☐ Voices  ☐ Motor  ☐ Animal Noises  ☐ Phone Booth
☐ PA System  ☐ Office Machinery  ☐ Static  ☐ Other ______

Threat Language:

☐ Well Spoken  ☐ Foul  ☐ Incoherent  ☐ Message read by threat maker
☐ Educated  ☐ Irrational  ☐ Taped

Additional Information: ________________________________