

- |  |           |          |
|--|-----------|----------|
| (N) Procedures for employee dismissal                      | _____ Yes | _____ No |
| (O) Limit Spouse & Family Visits to Designated Areas       | _____ Yes | _____ No |
| (P) Key Control Procedures                                 | _____ Yes | _____ No |
| (Q) Access Control to the Workplace                        | _____ Yes | _____ No |
| (R) Objects which may become Missiles Removed<br>from Area | _____ Yes | _____ No |
| (S) Parking Prohibited in Fire Zones                       | _____ Yes | _____ No |
| Other: _____   |           |          |

#### 7a. Off Premises Work Practice Controls

(For staff who work away from a fixed workplace, such as: social services, real estate, utilities, policy/fire/sanitation, taxi/limo, construction, sales/delivery, messengers, and others.)

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|--|-----------|----------|
| (A) Trained in hazardous situation avoidance                               | _____ Yes | _____ No |
| (B) Briefed about areas where they work                                    | _____ Yes | _____ No |
| (C) Have reviewed past incidents by type and area                          | _____ Yes | _____ No |
| (D) Know directions and routes for day's schedule                          | _____ Yes | _____ No |
| (E) Previewed client/case histories  | _____ Yes | _____ No |
| (F) Left an itinerary with contact information                             | _____ Yes | _____ No |
| (G) Have periodic check-in procedures                                      | _____ Yes | _____ No |
| (H) After hours contact procedures   | _____ Yes | _____ No |
| (I) Partnering arrangements if deemed necessary                            | _____ Yes | _____ No |
| (J) Know how to control/defuse potentially violent<br>situations           | _____ Yes | _____ No |
| (K) Supplied with personal alarm/cellular phone/radio                      | _____ Yes | _____ No |
| (L) Limit visible clues of carrying money/valuables                        | _____ Yes | _____ No |
| (M) Carry forms to record incidents by area                                | _____ Yes | _____ No |
| (N) Know procedures if involved in incident<br>(see also Training Section) | _____ Yes | _____ No |

#### 8. Training Conducted

If yes, is it:

- |   |           |          |
|---|-----------|----------|
| (A) Prior to Initial Assignment                               | _____ Yes | _____ No |
| (B) At Least Annually Thereafter                              | _____ Yes | _____ No |
| (C) Does it Include:  |           |          |
| Components of security control plan                           | _____ Yes | _____ No |
| Engineering and Workplace Controls Instituted<br>at Workplace | _____ Yes | _____ No |
| Techniques to Use in Potentially<br>Volatile Situations       | _____ Yes | _____ No |
| How to Anticipate/Read Behavior                               | _____ Yes | _____ No |
| Procedures to Follow After an Incident                        | _____ Yes | _____ No |
| Periodic Refresher for On-Site Procedures                     | _____ Yes | _____ No |
| Recognizing Abuse/Paraphernalia                               | _____ Yes | _____ No |
| Opportunity for Q and A with Instructor                       | _____ Yes | _____ No |
| On hazards unique to job tasks                                | _____ Yes | _____ No |

#### 9. Written Training Records Kept

\_\_\_\_\_ Yes \_\_\_\_\_ No