



Cook County Sheriff's Office – Business Safety Plan Workbook

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

_____	Interview <input type="checkbox"/>
Owner Name	Telephone Number
_____	Interview <input type="checkbox"/>
General Manager Name	Telephone Number
_____	Interview <input type="checkbox"/>
Human Resources Manager Name	Telephone Number
_____	Interview <input type="checkbox"/>
Security Manager Name	Telephone Number
_____	Interview <input type="checkbox"/>
Plant Manager Name	Telephone Number
_____	Interview <input type="checkbox"/>
Maintenance and Engineering Manager Name	Telephone Number

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

Restaurant(s)

Location, name and hours of operation

Location, name and hours of operation

Conference Room

Location and hours of operation

Public Bathroom(s)

Location and hours of operation

Location and hours of operation

Location and hours of operation

Staff Bathrooms(s)

Location and hours of operation

Location and hours of operation

Exit Door(s) Armed

Locations

Locations

Business Paging System

Information and Location

Shuttle bus service(s)

Information, Schedule, Destination and Pickup Location

Information, Schedule, Destination and Pickup Location

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

Fire Alarm Company Yes No

Company Name

Contact Information

Email Address

Remote Access Yes No

After Hours Contact Information

Sprinkler Company Yes No

Company Name

Contact Information

Email Address

Remote Access Yes No

After Hours Contact Information

Corporate Risk Management Department 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

Fire Restoration Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Glass Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Door/Locksmith Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Plumbing Contractor/Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Electrical Contractor/Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

HVAC Contractor/Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Security Camera Contractor/Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Natural Gas Contractor/Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Where is shut off located?

Water and Sewer Contractor/Company

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

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

Internet Provider

Yes

No

Company Name

Contact Information

Email Address

Remote Access

Yes

No

After Hours Contact Information

Emergency Services

Local Police 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

Local 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

Secondary Police 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

Tertiary Police 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

Secondary 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

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:

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:

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:

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 cover 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)

Is the PRV fire ground adjustable? Yes No

On what floor(s) do the PRVs/PRDs stop?

Are there multiple FDC's (Fire Department Connections) for the building? Yes No

Location of FDC(s)

Are the sprinkler and standpipe connections combined or separate?

Combined Separate

Are the sprinkler and standpipe connection together/on the same side of the building?

Yes No

Which side? North South East West Other _____

If no, how are they split?

Where are they individually located?

Are the FDC's set up in zones for floors? Yes No

How are they set up?

Where do the utilities come into the business?

Gas _____

Electric _____

Telephone _____

Water _____

Other _____

Additional Notes:

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

Company Name

Contact Information

Email Address

Remote Access Yes No

After Hours Contact Information

Are they uniformed or plain clothes? Uniformed Plain Clothes

Number: _____Uniformed _____Plain Clothes

Uniform Description _____

Total number of private security personnel per shift:

First Shift Hours _____ Number of Personnel _____

Second Shift Hours _____ Number of Personnel _____

Third Shift Hours _____ Number of Personnel _____

Is security onsite 24/7/365? Yes No

Is security armed? Yes No

What are they armed with: Firearm Taser OC/Pepper Spray

Where is their office located on the premises?

What are the responsibilities of the security personnel?

Elevators

Number of Elevators in the Building: _____

Car Number _____	Bank Number _____		
This elevator is typically used for	<input type="checkbox"/> Passenger	<input type="checkbox"/> Services	<input type="checkbox"/> Freight
And services floor _____	to floor _____		
This elevator has phase	<input type="checkbox"/> No Fire Service	<input type="checkbox"/> I	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blind shaft is from floor _____	to floor _____		
Elevator Manufacturer:	<input type="checkbox"/> Otis	<input type="checkbox"/> Schindler	<input type="checkbox"/> ThyssenKrupp
Connected to network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where are the elevator keys located?	_____		

Car Number _____	Bank Number _____		
This elevator is typically used for	<input type="checkbox"/> Passenger	<input type="checkbox"/> Services	<input type="checkbox"/> Freight
And services floor _____	to floor _____		
This elevator has phase	<input type="checkbox"/> No Fire Service	<input type="checkbox"/> I	<input type="checkbox"/> 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			
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Elevator Manufacturer:	<input type="checkbox"/> Otis	<input type="checkbox"/> Schindler	<input type="checkbox"/> ThyssenKrupp
Connected to network?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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Blind shaft is from floor _____ to floor _____

Elevator Manufacturer: Otis Schindler ThyssenKrupp

Connected to network? Yes No

Where are the elevator keys located? _____

Stairwells

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

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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

Main Entrance

Are there any barricades? Yes No

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

What?

Additional Observations

Building Entry/Exit

North

Door? Yes No Type(s) _____
Is door numbered? Yes No
Fire Door? Yes No
Is a key needed? Yes No Type of Key _____
Where can key be obtained? _____

South

Door? Yes No Type(s) _____
Is door numbered? Yes No
Fire Door? Yes No
Is a key needed? Yes No Type of Key _____
Where can key be obtained? _____

East

Door? Yes No Type(s) _____
Is door numbered? Yes No
Fire Door? Yes No
Is a key needed? Yes No Type of Key _____
Where can key be obtained? _____

West

Door? Yes No Type(s) _____
Is door numbered? Yes No
Fire Door? Yes No
Is a key needed? Yes No Type of Key _____
Where can key be obtained? _____

Dock Area

Is a key needed? Yes No Type of Key _____

Is it left unattended? Yes No

Normal delivery hours? _____

Additional Observations

Garbage disposal area

Secured? Yes No

How? _____

Additional Observations

Street Cameras

Location _____

Type: Red Light Pod Other _____

Patio Area

Any outside meeting/patio areas Yes No

How accessed _____

Perimeter Secured? Yes No

By What?

Additional Observations

Public Transportation

Closest public transportation and routes (please attach map)

Bus # /Train Line _____

Bus # /Train Line _____

Bus # /Train Line _____

Bus # /Train Line _____

Bus # /Train Line _____

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?

What is on the eighth floor?

What is on the ninth floor?

What is on the tenth floor?

What is on the eleventh floor?

What is on the twelfth floor?

What is on the thirteenth floor?

What is on the fourteenth floor?

What is on the fifteenth floor?

What is on the sixteenth floor?

What is on the seventeenth floor?

What is on the eighteenth floor?

What is on the nineteenth floor?

What is on the twentieth floor?

What is on the roof?

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:



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:

- | | | | |
|----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughing | <input type="checkbox"/> Serious | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Joking | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Lisp | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Raspy | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Slurred | <input type="checkbox"/> Deep | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Nasal | <input type="checkbox"/> Ragged | If voice is familiar, who did it sound like? |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Stutter | <input type="checkbox"/> Clearing Throat | |

Background Sounds:

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Street Noise | <input type="checkbox"/> Music | <input type="checkbox"/> Clear | <input type="checkbox"/> Local Call |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> House Noises | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Static | <input type="checkbox"/> Other _____ |

Threat Language:

- | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Message read by threat maker |
| <input type="checkbox"/> Educated | <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped | |

Additional Information: _____