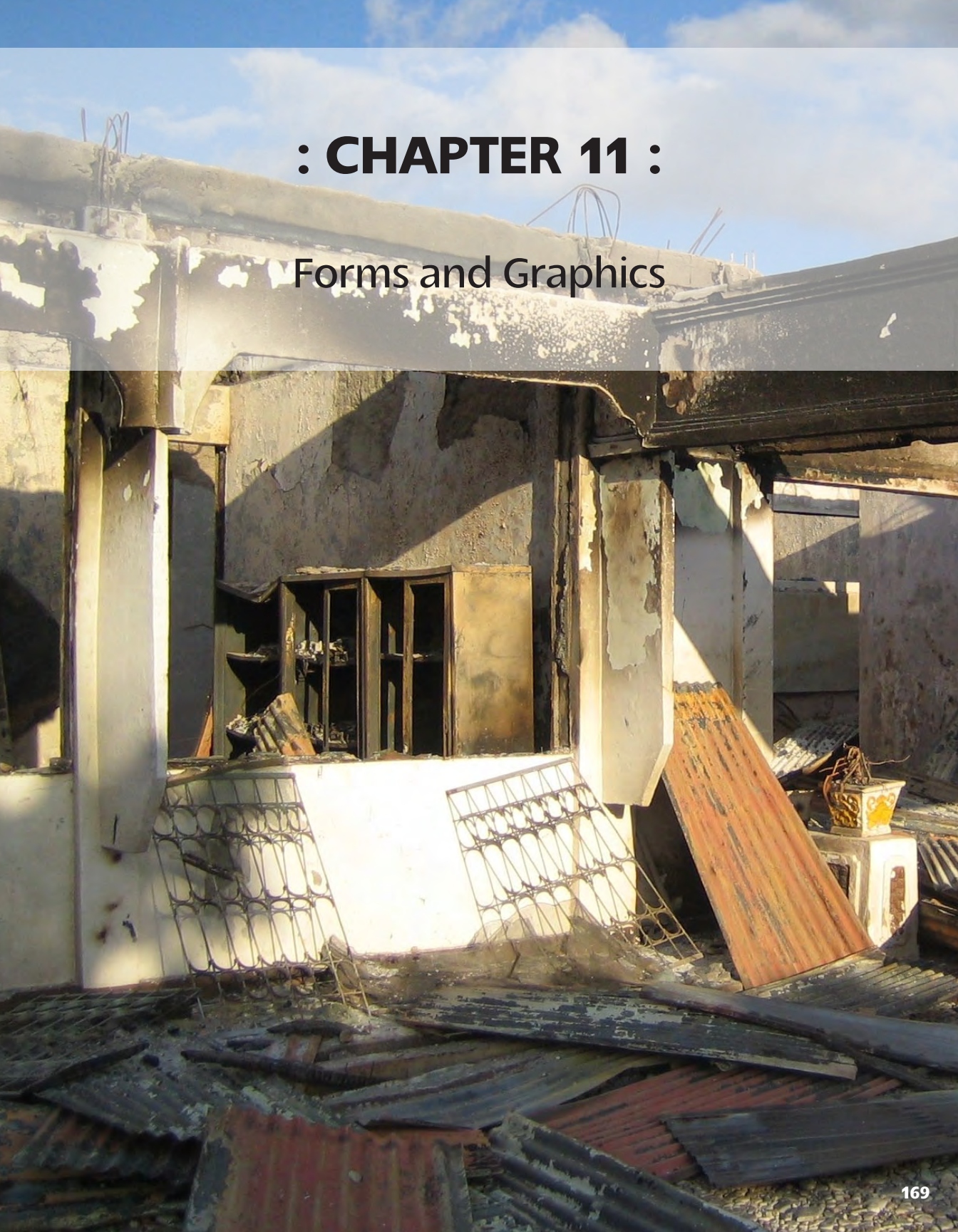


# : CHAPTER 11 :

## Forms and Graphics



**: NOTES :**

## Forms and Graphics

The purpose of this chapter is to collect standard security related forms and graphics in a format easy to download and use by country program security managers. If there are additional forms or graphics found useful, please consider uploading them to the CRS Intranet Safety and Security Community site for sharing with other country offices.

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## Expatriate Residence Security Checklist

*This form should be completed prior to submitting request for approval of housing to regional management.*

<b>1. Country Program:</b>	
<b>2. Staff:</b>	
<b>3. Security Official:</b>	
<b>4. Date of Visit:</b>	
<b>5. Type of dwelling (house/apartment):</b>	
<b>6. Location/Address:</b>	
<b>7. Location of Unit in building if apartment: (best between floors 2 &amp; 8)</b>	
<b>8. Approximate distance to CRS Office:</b>	
<b>9. Route Security:</b> (secure routes from residence-office, residence-airport, multiple routes or is residence easily cut off by demonstrations; consider evacuation routes/identified collection points in evacuation plan, does this location facilitate possible evacuation)	
<b>10. Security Services:</b> (If an apartment complex are services used, describe)	
<b>11. Neighborhood</b> (Crime, environment, vulnerability to natural disasters) <b>and neighbors</b> (do any other CRS staff - national or international live close by):	Describe buildings/structures adjacent/contiguous to staff residence
<b>12. Exterior of Building/House:</b>	Wall/Fencing; Yard/Garden; Gate; Parking area; Lighting Fire Escape
<b>13. Interior of Building/House:</b>	<b>Primary Entrance -</b> <b>Other Back or Side Entrances -</b> <b>Lobby -</b> Lighting; <b>Stairs, elevator -</b> When inspecting it is best to at least walk down the main and emergency stairs to determine their condition in the event of an emergency when use of elevators is not advised. <b>Electrical outlets/wiring; Water and Plumbing -</b> <b>Any visible damage -</b>
<b>14. Living Unit:</b>	<b>Entry Door:</b> Exterior lighting; doorbell, peep hole; door limiter; hinges (on inside of door) and lock system above door, multiple locks are spaced at least 18 inches apart. Door of quality material. 2 <sup>nd</sup> security door. Change locks. <b>Additional Doors - # and where: structure, locks</b> (same checks for entry door) <b>Rooms -</b> note type/function; main sleeping rooms with locking doors <b>Terrace(s) -</b> open or enclosed, direction faced (N,S,E,W): <b>Windows -</b> adequate protection from break-ins (bars):
<b>15. Home Safety:</b>	<b>Fire safety equipment:</b> sufficient exits, smoke detectors, fire extinguishers (type).
<b>16. Other protocols:</b> Domestic staff vetting/references. Key control. Delivery of goods/services and maintenance.	Consider who has access to the residence, how much we know about them, how many keys to the residence are distributed, etc.
<b>17. Safe Room(s)/Bunker:</b> (if area consistently at Security Level 3, or at chronic risk of home invasion threats)	<b>Easily accessible. Fortified door with lock on inside. Communication equipment functions from space. Stored potable water.</b>
<b>18. Overall security assessment:</b>	Reviewer states if overall situation is adequate / passes or NOT. If not, what recommendations can be given to allow residence to pass security inspection?



## WAREHOUSE INSPECTION CHECKLIST

**Warehouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inspector 1:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Inspector 2:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Inspector 3:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Warehouse Capacity (m<sup>2</sup> or MT):** \_\_\_\_\_ **% used by CRS:** \_\_\_\_\_

**Type of Warehouse (permanent, temporary, etc.):** \_\_\_\_\_

**Type of floor (cement, dirt, wood, etc.):** \_\_\_\_\_

**Warehouse (interior):**

<input checked="" type="checkbox"/>	Item Inspected	Recommended Action	Date Action Completed
<input type="checkbox"/>	Walls (check for holes, cleanliness, evidence of roof leaks)		
<input type="checkbox"/>	Roof (check for leaks or potential problems)		
<input type="checkbox"/>	Floor (check for roof leaks, cracks and holes)		
<input type="checkbox"/>	Doors (operation, seal, locks)		
<input type="checkbox"/>	Windows (operation, breaks, locks)		
<input type="checkbox"/>	Ventilation system		
<input type="checkbox"/>	Lighting (quantity of lights, working)		
<input type="checkbox"/>	General Cleanliness		
<input type="checkbox"/>	Evidence of pests or infestations		
<input type="checkbox"/>	Rodent control used (describe):		
<input type="checkbox"/>	Evidence of birds (nest, etc.) – seal off access points as possible		
<input type="checkbox"/>	Fire Extinguishers (locations, inspections up to date)		
<input type="checkbox"/>	Cleaning materials (available, sufficient)		
<input type="checkbox"/>	No Smoking signs		
<input type="checkbox"/>	First Aid Kit		
<input type="checkbox"/>	Tidy work area (including trash receptacles)		

## Non-Employee Travel Release Form

**CATHOLIC RELIEF SERVICES**  
**UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, INC.**  
**(“CRS”)**

**VOLUNTEER TRAVELER ASSUMPTION OF RISK AND RELEASE AGREEMENT**  
*THIS IS A RELEASE OF LEGAL RIGHTS READ AND UNDERSTAND BEFORE SIGNING.*

Name of Volunteer Traveler:

Being at least 18 years of age, I hereby agree as follows:

**1. Risks of Travel Abroad.** I understand the proposed travel with CRS involves risks. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. Additional risks include but are not limited to automobile accidents, contagious diseases, food poisoning, falls, airline accidents, strikes, military or political activity, equipment failure, assault, battery, robbery, kidnapping, injury, and death. I have made my own investigation, and I am willing to accept these risks. I have also investigated the particular risks that may be present in the countries to be visited, and I have reviewed the State Department’s Consular Information Sheets and Public Announcements at <http://travel.state.gov>. I understand that many of these risks are unpredictable, are wholly outside the control of CRS, and may change and increase beyond what is now known, anticipated or expected.

[Insert for non-employees traveling to High Security Risk Countries only] I specifically acknowledge that CRS has designated   (insert country name)   as a High Security Risk Country.

**2. Assumption of Risk and Release of Claims.** Knowing the risks described herein, and in consideration of being permitted to participate in this travel, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in this travel. To the maximum extent permitted by law, I do voluntarily and without reservation, and on behalf of myself, my heirs and my estate, release, hold harmless, and indemnify CRS and its officers, employees and agents, from and against any present or future claims, damages, expenses, actions, losses or liability of whatever kind including but not limited to injury to my person, injury to my property, or injury for which I may be liable to any other person relating in any way to my travel with CRS caused by the negligence or other actions of CRS or any other party including the risks discussed and assumed in this Agreement.

**3. Health and Safety.**

A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this travel.

B. I am aware of all of my own personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in this travel. I recognize that CRS is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, in connection with this travel, I understand that CRS is not responsible for the costs or quality of such treatment or care.

C. CRS may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety, including but not limited to emergency evacuation. I agree to pay all expenses relating thereto and release CRS, its agents and employees from any liability for any such actions.

**4. Standards for Conduct.**

A. I understand that every foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, and behavior. I recognize that behavior which violates those laws or standards could harm CRS's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel.

B. I will attend to any legal problems I encounter with any foreign nationals or the government of the host country. CRS is not responsible for providing any assistance under such circumstances.

**5. Consent.** I grant CRS permission to reproduce and use for educational or other purposes all photographs, videos, movies or sound recordings of me taken during this travel.

I have carefully read this Assumption of Risk and Release Agreement before signing it and I voluntarily enter into it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement is effective immediately upon execution and shall be governed by the laws of the State of Maryland, which shall be the forum for any lawsuits filed under or incident to this Agreement or my travel.

X \_\_\_\_\_  
Signature of Volunteer Traveler

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Visitor/Delegation Mandatory Information Form



*Visitor/Delegation*  
MANDATORY INFORMATION FORM

Please answer all of the following questions. It is imperative that you complete this form in its entirety. Please be candid about food, medication, allergy and physical activity restrictions even if you do not think that they will affect your trip. Only the trip leaders will see this form.

Name of traveler: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Information:**

Date of birth: \_\_\_\_\_

Please print name below as it appears on your passport if different than above:

\_\_\_\_\_

Please list passport number: \_\_\_\_\_

*(Please make several copies of your passport-picture page, leave one at home with your emergency contact, keep one with you(separate from passport), and give two copies to your group leaders.)*

Destination and travel dates: \_\_\_\_\_

Person to contact in case of an emergency (name, relationship and phone number):

\_\_\_\_\_

Alternate emergency contact (name, relationship and phone number):

\_\_\_\_\_

**Medical Information**

Doctor's name and phone number: \_\_\_\_\_

Any dietary restrictions: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Medical Evacuation Policy Information: \_\_\_\_\_

\_\_\_\_\_



Visitor/Delegation Mandatory Information Form (continued)

All medications that you take and the reason. (Please use end of form if more room is needed.)

<u>Medication</u>	<u>Reason</u>

Any allergies (i.e. food, animals, medications): \_\_\_\_\_  
\_\_\_\_\_

Medication you are taking as a malaria prophylactic: \_\_\_\_\_

All medical conditions (i.e.: asthma, diabetes, eye conditions, high blood pressure, heart condition, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Your medical insurance provider and a phone number (not an 800 number as these cannot be dialed from overseas):  
\_\_\_\_\_

## Visitor Briefing Document Template

<b>HEADING</b>	<b>DETAILS</b> (This is not an exhaustive or definitive list. Local context should dictate what to include)
1. Introduction	Purpose of the document. Who is it designed for? Refer to the FSP. Refer to any annexes and maps.
2. Prior to Departure	What does a visitor need to do before departing for your location? Visa, permission to travel, machine readable passport if transiting through the US, money, medicines, airport procedures, entry tax, taxi or pick up?
3. On Arrival	Taxi or pick up? Guest House / CRS Accommodation. Registration with local authority, registration with relevant embassy. Written and oral CRS security brief.
4. Office and Accommodation	Location of CRS office and accommodation. Power supply, water supply, shower and toilet facilities. Description of the area. Proximity of other NGOs, embassy, local authority, police. Rationale for choosing this location. Office and accommodation should be marked on a map and given to the visitor / newcomer as an annex to this document.
5. Introduction to city / town / village	Brief introduction to the city / town / village. General security situation in this specific location. Curfew. Town water and power supply.
6. Brief risk Assessment	Based on the Threat, Vulnerability and Risk Assessment conducted by the country program as part of the Field Security Plan Development process, highlight those Risks which are Highly Likely in the local context and given CRS' profile in that context. Summarize the key Standard Procedures that visitors should know and follow in order to mitigate their exposure to these risks.
7. Travel and communication	Break this down between "in town" and "travelling to the field". Freedom of movement, curfew. Communication equipment. Communication procedures. Include a CONTACT LIST (CRS and non CRS). Road Safety. Driving. Seatbelts. Convoy discipline.
8. Evacuation	Brief one para summary of evac plan. Specifically refer the reader to the evacuation plan.
9. Cultural Awareness	Religion, customs, appropriate dress, cultural sensitivity, tribes, village hierarchy.
10. Reporting of Incidents	Short para on reporting procedures: <i>Who is reporting? What happened? Where it happened? When it happened? Who was involved, with details of any victims of the incident? Impact on those affected with details of their current condition? Who perpetrated the incident (numbers, weaponry, affiliation, post incident action)? Summary of current situation? Ongoing problems? What decisions and actions is it proposed to take? Any request for decisions or actions at higher level?</i>
11. Medical facilities	Summary of medical facilities available at your location and advice on what newcomers / visitors should bring in terms of medical supplies
12. Social facilities	Where relevant include details of sporting / leisure facilities, restaurants and possible excursions. Indicate what locations would be best avoided if tensions rise or what dates might be of special concern given the local context.