Level	Description/Triggers	Consequences	Actions to be Implemented
Normal (Level I)			
Normal/Restricted (Level II)			
Tense (Level III)			
Evacuation (Level IV)			
Under Siege/Hibernation (Level V)			

Constant Companion Template

Emergency Contact Numbers				
NAME	Cell phone	Position		
Lara Puglielli	1-443-703-8484	Director, Staff Safety and Security		
** Use this space for other emergency contact numbers, i.e. police, fire, ambulance, UN Security officer, US Embassy Security, key CI partners, etc. tailored to your context.				

Constant Companion CRS XXX Last updated:

Never leave home without this.

YOUR LIFE MAY DEPEND UPON IT

NAME.....

BLOOD TYPE.....

VITAL MEDICAL

INFORMATION.....

CRS XXX- Addresses

Office:

Staff House:

Hotel:

CRS Sub Office:

SOS Insurance

International SOS provides Emergency Medical Insurance for CRS international staff and dependents. Even if ISOS is not required (or able) for medical evacuation purposes it MUST BE CONTACTED IMMEDIATELY if expenditure that is expected to be claimed later is going to be made (such as UN or other charges for aircraft, local or regional hospitalisation, etc). ISOS telephone numbers are given on the reverse side of each international staff ISOS cards. CRS Membership Number: XXXX. The numbers are as follows:

Alarm Center to Call: Input phone number

Alternate Alarm Centers: XXXX

Emergency Medical facilities (Names, location, phone numbers)

Threat	Vulner	rability	Risk Rating	New Actions	Risk
List each Threat on separate line.	Strength (Factors and SOPs that reduce CRS vulnerability)	Weakness (Factors and SOPs that increase CRS vulnerability)	(Current)	To further mitigate risk	(Post- Action)

Staff Statement of Understanding of CRS Staff Safety and Security Guidelines				
I, the undersigned, have read and understand the contents of the CRS Staff Safety and Security Guidelines. I understand that there are CRS policies and procedures that I am expected to follow for my own safety. I also recognize that safety is above all my personal responsibility.				
Name:				
Position:				
Country Program:				
Signature of Staff:	Date:			
Signature of the Country Penrecen	itative:			
Signature of the Country Represen				
Date:				
Submit the signed form to Human	Resources, Baltimore, for inclusion in the personnel file.			

	Sample Medical Profile H	Form
Name:		
Job Title/Relationship to Em	ployee:	
Date:	Signature:	
*****	*****	*****
Blood Type:		
Any prior operations? (i.e., a	ppendectomy):	
Any known allergies:		
Currently taking any long te	rm medications? If so, what? (i.e., ma	alaria prophylaxis):
Emergency Contact Informa	tion (name/relationship/phone numb	ers)
Local:		
USA:		
Vaccinations:	Last Date of Vaccination	Next Due Date
Yellow Fever:		
Typhoid:		
Tetanus:		
Hepatitis A:		
Hepatitis B:		
Meningitis:		
Rabies:		
Other:		