

Security Levels Template

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 (continued)

<u>Emergency Medical facilities (Names, location, phone numbers)</u>	

Rapid Risk Assessment Template

Threat	Vulnerability		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 Representative: _____

Date: _____

Submit the signed form to Human Resources, Baltimore, for inclusion in the personnel file.

Medical Profile Form

Sample Medical Profile Form

Name:

Job Title/Relationship to Employee:

Date: _____ Signature: _____

Blood Type:

Any prior operations? (i.e., appendectomy):

Any known allergies:

Currently taking any long term medications? If so, what? (i.e., malaria prophylaxis):

Emergency Contact Information (name/relationship/phone numbers)

Local:

USA:

Vaccinations:	Last Date of Vaccination	Next Due Date
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Yellow Fever:

Typhoid:

Tetanus:

Hepatitis A:

Hepatitis B:

Meningitis:

Rabies:

Other: