

# EMERGENCY PLANNING CHECKLIST

**YES**

Already addressed

**UPDATE**

Requires additional attention

**NO**

Not considered

**PLANNING TEAM**

- |                                  | yes                      | update                   | no                       |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Planning team established        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning team meetings scheduled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Budget                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**INTERNAL PLANS AND POLICIES REVIEW**

- |                           |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Evacuation plan           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire protection plan      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety and health program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Security procedures       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance programs        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee manual           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CODES AND REGULATIONS REVIEW**

- |                  |                          |                          |                          |
|------------------|--------------------------|--------------------------|--------------------------|
| Fire codes       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical codes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OSHA regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CRITICAL SERVICES AND OPERATIONS REVIEW**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Services provided by your company                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operations vital to the continued functioning of the facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment vital to the continued functioning of the facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personnel vital to the continued functioning of the facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Services provided by vendors                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**INTERNAL RESOURCES AND CAPABILITIES REVIEW**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Personnel                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire warden(s)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CPR training                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First aid training                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire protection                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First aid supplies                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency power                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Backup systems (arranged with other facilities) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Payroll   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Customer services                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Computer support                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**EXTERNAL RESOURCES REVIEW**

- |  | yes                      | update                   | no                       |
|--|--------------------------|--------------------------|--------------------------|
| Emergency management office                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire department                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Police department                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency medical services                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone companies                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet service provider                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical utility                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance policy review with agent or broker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PLAN DEVELOPMENT**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Responsibilities of key personnel         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The types of emergencies that could occur | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where response operations will be managed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**EMERGENCY MANAGEMENT ELEMENTS**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Direction and control    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life safety              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Property protection      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community outreach       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recovery and restoration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**EMERGENCY RESPONSE PROCEDURES**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Assessing the situation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting employees, customers, visitors, equipment, vital records and other assets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting the business back up and running   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROCEDURES FROM BOMB THREATS**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Warning employees and customers                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicating with personnel and community responders                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conducting an evacuation and account for all persons in the facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shutting down all operations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting vital records   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restoring operations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# JEWELER'S SURVIVAL GUIDE EMERGENCY PLANNING CHECKLIST Continued

**YES**

Already addressed

**UPDATE**

Requires additional attention

**NO**

Not considered

## SUPPORT DOCUMENTS

	yes	update	no
Emergency call lists including people responding, their responsibilities and phone numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee lists including home phone numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource lists including equipment and supplies that could be needed in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEVELOPMENT PROCESS

Task list identifying persons, tasks, and timetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of disabled persons and non-English speaking personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training schedule for employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLAN DISTRIBUTION

Copies distributed to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current date and revision number on plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource lists including equipment and supplies that could be needed in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INTERNAL RESOURCES AND CAPABILITIES REVIEW

Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire warden(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLAN IMPLEMENTATION

	yes	update	no
All personnel trained in procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation and education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-through drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan tested to ensure employees know what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EMPLOYEE TRAINING

Individual roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about threats, hazards, and protective actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification, warning, communication procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means for locating family members in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation, shelter, accountability procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location and use of common emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLAN EVACUATION AND MODIFICATION

A formal audit of the plan conducted at least once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan reflects lessons learned from drills and actual events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs and other records of facility assets are up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names, titles, and phone numbers are in the plan current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**QUESTIONS?** Email [lossprevention@jminsure.com](mailto:lossprevention@jminsure.com)

Coverage is subject to underwriting review and approval, and to the actual policy terms and conditions. Any descriptions are a brief summary of coverage and are not part of any policies, nor a substitute for the actual policy language.

Coverage is offered by a member insurer of the Jewelers Mutual Group, either Jewelers Mutual Insurance Company, SI (a stock insurer) or JM Specialty Insurance Company. Policyholders of both insurers are members of Jewelers Mutual Holding Company.