



**Security Questionnaire (Rev 0, May 27 2015)**

This questionnaire is a guideline for ICAAMC members to evaluate a country/region security situation. The requested information pertaining to the local threats and the general client organization, is crucial in providing an accurate overview of the local security risks. When answered accurately and with complete details, ICAAMC members can make safe decisions based on factual information. In addition to this questionnaire, an independent review of the information can be performed, by either cross referencing other analytical services or commissioning an outside physical survey of the location. In all cases, this questionnaire helps us to accurately assess the security risks of our travelers.

The questionnaire is divided into different Risk Factors that need to be completed with as much detail as possible by the client or their representative:

**Risk Factor: Location to be visited**

**Risk Factor: Country/region threat**

**Risk Factor: Reception and Orientation**

**Risk Factor: Accomodation (via)**

**Risk Factor: Activity Profile**

**Risk Factor: Local Transport arrangements**

**Risk Factor: Security on Site**

**Risk Factor: Medical support on site**

**Risk Factor: Communication**

**Risk Factor: Site Emergency evacuation**

**Risk Factor: Country/regional Emergency evacuation**

**TEMPLATE TO BE FILLED OUT BY CLIENT AND/OR PROJECT MANAGER**

**Contact names on site (*Security Manager, Project Manager, Client representative, etc.*)**

<u>Name</u>	<u>Title/function</u>	<u>Cell/Office number</u>

**TEMPLATE TO BE FILLED OUT BY CLIENT AND/OR PROJECT MANAGER**

HEADING	TO BE FILLED OUT	INFORMATION NEEDED
<a href="#">Trip Description / Customer Request Explanation</a>		Describe activities, general organization on site, purpose of project/operation

HEADING	TO BE FILLED OUT	INFORMATION NEEDED
<b>Risk Factor: Location (via)</b>		
<b>Country</b>		Give detailed information on the itinerary associated with the destination
Cities		
Travel Dates		
<b>Country</b>		
Cities		
Travel Dates		

<b>Risk Factor: Country/region</b>		
<a href="#">Specific risks for the country/region to be visited</a>		Give details of the general risk and specific threats of the country/region, i.e., terrorism, kidnapping, site attacks, etc.

<b>Risk Factor: Reception and Orientation</b>		
Orientation - Reception	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Orientation - Transport	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Orientation - Briefing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Orientation - Guide	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<a href="#">Orientation Description</a>		Describe Reception process + General guidance and potential threats orientation + Contact details + Photo ID

<b>Risk Factor: Accommodations (via)</b>			
<b>Accommodation 1</b>			
Accommodation pre-booked	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name of accommodation		Give detailed information about accommodations used during travel to destination, i.e., Hotel, Guesthouse, Private residence, etc.	
Country			
City			
From date			
To date			
<b>Accommodation 2</b>			
Accommodation pre-booked	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Country			
City			
From date			
To date			

**TEMPLATE TO BE FILLED OUT BY CLIENT AND/OR PROJECT MANAGER**

<p><a href="#">Accommodation Security Description</a></p>		<p>Give detailed information about the accommodation's security organization, i.e., Guards, Fences, Access Control, etc.</p>
---	--	--

**Risk Factor: Activity Profile**

<p><a href="#">What general activities are planned ?</a></p>	<p align="center"><input type="checkbox"/></p>	<p>Give details about activities planned while working on site and the security arrangements</p>
<p>Activity - Socializing</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Give details about itinerary and security arrangements when on off-site rotation, i.e., eating at restaurants, tourism, etc.</p>
<p><a href="#">If yes : Socialization description</a></p>		

**Risk Factor: Local Transportation Arrangements**

<p>Use of public transport</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p align="center">Please click on appropriate answer</p>
<p>Use of taxis</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Transport - Driver</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Self Drive</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Use of Armed Vehicles</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>Is executive protection to be provided?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p><a href="#">Transportation description from airport to site</a></p>		<p>Give details on preplanned travel arrangements and the organization providing transportation, i.e., travel itinerary, escorts, armed vehicle, etc.</p>
<p><a href="#">Transportation description from accommodation to site</a></p>		

**Risk Factor: Security on Site**

<p>Security provider</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Provide detailed information on the onsite Security Company with information on the security support provided</p>
<p><a href="#">If yes: Security Company Name</a></p>		
<p><a href="#">If yes: Services provided</a></p>		<p>Give detailed information on security companies providing security for other sites and the security support provided</p>
<p><a href="#">Security - other locations</a></p>		

**TEMPLATE TO BE FILLED OUT BY CLIENT AND/OR PROJECT MANAGER**

<b>Risk Factor: Medical support on site</b>		
Medical staff available on site	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<a href="#">If yes : Type of medical staff on site</a>		<i>Please click on appropriate answer.</i>  Describe type of medical assistance provided onsite, i.e., First aider, Nurse, Doctor, Infirmary
<a href="#">Medical evacuation process</a>		Describe the organization's emergency medical plan in the event of a medical emergency

<b>Risk Factor: Communication</b>		
Communication available	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<a href="#">If yes : Type of communication on site</a>		<i>Please click on appropriate answer</i> Describe available type of possible international communication while on site
<a href="#">Other forms of communication, if necessary</a>		Advise if Satellite Phone is recommended in the event of emergencies and/or frequent communication outages

<b>Risk Factor: Site Emergency evacuation</b>		
Emergency site evacuation plan exist	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<a href="#">If yes : Type of program</a>		<i>Please click on appropriate answer</i> Please describe site Emergency Evacuation plan in place, i.e., escorts, security, point for contact, unless confidential organizational, chart, etc.
<a href="#">Confirmation that program will include our personnel</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<a href="#">Other additional information</a>		Please confirm in the event of an emergency, your emergency evacuation plan includes ICAAMC personnel  Provide any additional information regarding assistance of ICAAMC personnel in the event of a site evacuation: details about physical condition, confirmation of evacuated personnel, and confirmation of unaccounted for ICAAMC personnel, etc.

<b>Risk Factor: Country/regional Emergency evacuation</b>		
Emergency country/region evacuation plan exist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<a href="#">If yes : Type of program</a>		<i>Please click on appropriate answer</i> Please describe country/region Emergency Evacuation plan in place, i.e., escorts, security, point for contact, unless confidential, organizational chart, etc.
<a href="#">Confirmation that program will include our personnel</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<a href="#">Confirmation that program will include our personnel</a>		Please confirm in the event of an emergency, your emergency evacuation plan includes ICAAMC personnel  Provide any additional information regarding assistance of ICAAMC personnel in the event of country/region evacuation: details about physical condition, confirmation of evacuated personnel, and confirmation of unaccounted for ICAAMC personnel, etc.