

Tool for Identification of Shelter-In-Place (or “Safer”) Room for Use to Hide during a Violent Attack

Facility Name: _____ Room #: _____ Floor #: _____

Describe room’s location* within the facility on below line and enter demographic information in the table:

Room’s Dimensions	Approximate Square Ft.	Number of Doors	Number of Windows	Potential Occupancy for Hiding / Shelter-In-Place

List: # of workforce members / Room’s day-to-day use(s), and / Primary contents, e.g., desks; cabinets; boxes:
_____ / _____ / _____

Checklist/Table of Room’s Characteristics Related to Hiding in a Violent Attack – “Yes” response is favorable

Primary Issue	Sub-Issue	Yes/No	Any Clarifying Information
Intrusion Resistant Door(s)	Sub-Assessment (Satisfactory?)		Sub-topic status based on 6 responses.
	Door(s) is/are solidly constructed?		
	Door(s) has/have interior lock(s)?		
	Door(s) open/swing inward?		
	Door(s) is/are away from window/glass?		
	Door(s) has/have peep hole(s)?		
	Door offers potential direct exit to outside?		
Intrusion Resistant Window(s)	Sub-Assessment (Satisfactory?)		Sub-topic status based on 5 responses.
	No window to inside space? (None = Yes) - Any internal window has blinds?		
	Windows to outside are secure?		
	Windows to outside have blinds?		
	Windows to outside could be used to exit?		
Intrusion Resistant Walls	Sub-Assessment (Satisfactory?)		Sub-topic status based on 2 responses.
	Walls are drywall or plaster? Walls are masonry or concrete?		
Room is directly accessible	Sub-Assessment (Satisfactory?)		Sub-topic status based on 2 responses.
	Clear pathway leads to door(s)? Path is wheelchair accessible?		
Room has access to controls	Sub-Assessment (Satisfactory?)		Sub-topic status based on 3 responses.
	Landline telephone? Intercom? Room lights?		
Room has access to OTHER	Sub-Assessment (Bonus Items?)		Sub-topic status based on 5 responses.
	Secondary hiding spaces or cover?		
	Capability to barricade the door(s)?		
	Exit door to area other than entry?		
	Capability to block the window(s)? Item(s) for improvised weapon(s)?		

Based on above assessment, is this room deemed suitable for designation as a “Safer” room? _____

Name(s) of person(s) who conducted this inspection and the date of the assessment:

Name(s): _____ / _____ Date: _____

* A diagram of the room’s location may be included. Is a diagram being provided? (Yes/No) _____

(Tool was provided by Michael Melton, michaelmeltonconsulting@gmail.com)