

**SECURITY AWARENESS AND PREPAREDNESS
TRAINING FOLLOW-UP SURVEY**

Union/Local Name and Number: _____
Facility Name: _____
Facility Address: _____

Please answer the following questions about Security Awareness and Preparedness Training and comment if needed:

Have all of your Operational Staff been trained? Y / N _____

If yes, when was the last training? _____

Was the training interactive? Y / N _____

Did the training involve employee input? Y / N _____

Was there positive employee response? Y / N _____

Was your training at least 4 hours long? Y / N _____

Has there been any additional training? Y / N _____

Did the 4 hour Security Awareness and Preparedness Training include the following modules:

Yes No

A Systems Approach to Safety and Security _____

Personal and Institutional Security Awareness _____

Systems of Security _____

Security Hazard Mapping _____

Emergency Planning _____

Please fax or mail the completed form to the following:

**Komilla John
New Jersey State AFL-CIO OSHEP
106 West State Street
Trenton, NJ 08608
Fax:(609)989-8734**