



8470 North Overfield Road, Coolidge, AZ 85128
520-494-5445

THREAT ASSESSMENT RECOMMENDATION CHECKLIST

Campus: _____ Building: _____ Room: _____

Requestor Printed Name: _____ Department & Title: _____

Requestor Signature: _____ Date: _____

Run, Hide, and Fight

- Window and Door Locations
- Escape Routes and Locations
- Cover and Concealment Items/Areas
- Impromptu Weapons
- Phones – Communication Devices
- Ways to Secure Door (s) (door jams, blocking items, etc.)
- Evacuation Location

Officer Printed Name: _____ Officer Signature: _____

Date: _____