

# ATTACHMENT A

## POINT OF CONTACT LIST

### RECRUITING COMMAND OPERATIONAL SECURITY MANUAL

*The Recruiting Supervisor for each facility is responsible to fill in all required information for their location and to ensure that the information is maintained current at all times.*

DESCRIPTION	NAME	ADDRESS	PHONE NUMBERS
<b>COMMAND OPERATIONS OFFICER</b>	_____	Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>COMMAND ANTI-TERRORISM OFFICER</b>	_____	Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>LOCAL FIRE DEPARTMENT</b>	Duty Desk	Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____

DESCRIPTION	NAME	ADDRESS	PHONE NUMBERS
<b>LOCAL POLICE DEPARTMENT</b>	Duty Desk	Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>AMBULANCE SERVICE</b>	Duty Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>SHERIFF'S DEPARTMENT</b>	Duty Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>STATE POLICE</b>	Duty Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>LOCAL HOSPITAL</b>		Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____

DESCRIPTION	NAME	ADDRESS	PHONE NUMBERS
<b>FBI RESPONSIBLE OFFICE</b>	Duty Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>BUREAU OF ALCOHOL, TOBACCO AND FIREARMS RESPONSIBLE OFFICE</b>	Duty Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>CENTER FOR DISEASE CONTROL (CDC)</b>	24 Hour Hotline	Street: _____ City: _____ State: _____ Zip: _____	(888) 246-2675 24 Hour Hotline
<b>COMMAND REAL ESTATE POC</b>	_____	Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>U.S. ARMY CORPS OF ENGINEERS REAL ESTATE POC</b>	_____	Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____

DESCRIPTION	NAME	ADDRESS	PHONE NUMBERS
<b>BUILDING MAINTENANCE CUSTODIAN</b>	_____	Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>LOCAL POWER COMPANY</b>	Emergency/Maintenance Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>LOCAL GAS COMPANY</b>	Emergency/Maintenance Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>LOCAL WATER COMPANY</b>	Emergency/Maintenance Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>LOCAL TELEPHONE COMPANY</b>	Emergency/Maintenance Desk	Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____

DESCRIPTION	NAME	ADDRESS	PHONE NUMBERS
<b>Recruiting Facility Supervisor</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>Commanding Officer</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>Executive Officer</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>Sergeant Major / Command Chief Petty Officer / Command Chief Master Sergeant</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>Nearest Army Recruiting Office</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____

DESCRIPTION	NAME	ADDRESS	PHONE NUMBERS
<b>Nearest Navy Recruiting Office</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>Nearest Marine Corps Recruiting Office</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>Nearest Air Force Recruiting Office</b>		Street: _____ City: _____ State: _____ Zip: _____	Work Hrs: _____ After Wk Hrs: _____
<b>Hazardous Materials Response Team</b>		Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____
<b>Local Bomb Squad</b>		Street: _____ City: _____ State: _____ Zip: _____	Emergency: _____ Routine: _____

DESCRIPTION	NAME	ADDRESS	PHONE NUMBERS
		Street: _____ City: _____ State: _____ Zip: _____	
		Street: _____ City: _____ State: _____ Zip: _____	
		Street: _____ City: _____ State: _____ Zip: _____	
		Street: _____ City: _____ State: _____ Zip: _____	

**NOTE:** Blank spaces are provided to add any additional information deemed necessary at the local level.