ARKANSAS STATE POLICE

Regulatory and Building Operations Division
Security Plan Template
Firearm-Sensitive Area Designation

Entities desiring to designate an area as a firearm-sensitive area must complete this form for each venue, location, or facility. Answer all questions. Entities should answer questions that require an explanation, diagram, or map by indicating on this form the specific attachment or supporting document that provides the required information. If you need additional space, you may attach additional sheets with this form.

Date Submitted: _____

Entity: _____ **Preferred Contact:** _____

Phone Number: _____ **Email:** _____

Address: _____ _____ _____ _____
City   State   Zip Code

Firearms Sensitive Area: _____

Event(s): _____

The area will be designated firearm-sensitive ☐ continuously ☐ periodically.

If periodically, list the dates, times, and purposes for which the area will be designated as firearm-sensitive:

In accordance with A.C.A. § 5-73-325(a)(2), a security plan submitted under this section shall include the following information:

1. **Total Projected Attendance:** _____   4. **No. of on-site law enforcement officers:** _____

2. **Number of entrances/exits:** _____   5. **Number of on-site first responders:** _____

3. **No. of on-site private security personnel:** _____

Location of parking areas and number of motor vehicles projected to use the parking areas:
Diagram attached or electronic file provided? ☐ Yes ☐ No

Routes for emergency vehicles:
Diagram attached or electronic file provided? ☐ Yes ☐ No

Locations of all restrooms, stairs, and elevators:
Diagram attached or electronic file provided? ☐ Yes ☐ No

Evacuation Procedures:
Diagram attached or electronic file provided? ☐ Yes ☐ No

Security Communication Protocol:
Diagram attached or electronic file provided? ☐ Yes ☐ No

Location of Emergency Vehicles:
Diagram attached or electronic file provided? ☐ Yes ☐ No

Public Communication Protocol:
Diagram attached or electronic file provided? ☐ Yes ☐ No

Bomb Threat and Active Shooter Procedures:
Diagram attached or electronic file provided? ☐ Yes ☐ No

In accordance with A.C.A. § 5-73-325(b) provide any corresponding security measures:

BELOW FOR OFFICIAL USE ONLY:

Date Received: _____

Date Reviewed: _____

Reviewed By: _____

Approved: ☐ Yes ☐ No Date Approved: _____

Approved By: _____