I. PURPOSE

To establish guidelines and procedures for entry and deletion of hazards within the Computer Aided Dispatch System (CAD).

II. POLICY

With distinction and pride, we protect the rights of all citizens equally. It shall be the policy of the Harford County Sheriff’s Office to maintain a Hazard File to ensure the safety of Agency members responding to calls for service at locations where hazards are known to exist or have existed in the past.

III. DEFINITIONS

DEO: Division of Emergency Operations  
CAD: Computer Aided Dispatch  
HAZARD: Information on potential problems at any address or area in Harford County known through prior police response.
4400.1 CRITERIA
   4400.1.1 HCSO Employees.
   4400.1.2 DEO Employees.
   4400.1.3 Exparte, Protective and Peace Orders.
   4400.1.4 Police fighter and assaults police (with explanation).
   4400.1.5 Weapons in residence if used in a felony or domestic (with explanation).
   4400.1.6 Mental subjects (with explanation).
   4400.1.7 Vicious animals (with explanation).

4400.2 GENERAL GUIDELINES
   4400.2.1 No hazard shall be accepted unless reviewed by a supervisor after a
deputy completes a Hazard File Entry/Delete Request (form SO-092).
   4400.2.2 Hazard must include the name, race, sex, date of birth, and a brief
physical description of the offending subject for entry.
   4400.2.3 Information should include the specific problem, names of person(s)
involved, and if weapons are involved.
   4400.2.3.1 For officer safety the information should be extremely specific.
   4400.2.4 No hazard will be accepted via radio or phone unless approved by a
supervisor.
   4400.2.5 Supervisor must review any deletion request and forward to the DEO
who will forward to the CAD Administrator.
   4400.2.6 If a hazard needs to be placed on a residence in case of an emergency,
form SO-092 must follow as soon as possible.
   4400.2.7 If the supervisor does not approve the form SO-092 the hazard will be
deleted through proper procedures.
   4400.2.8 Hazards shall be reviewed, maintained and deleted as necessary by
Division of Emergency Operations (DEO) personnel, as per Harford County
Computer Aided Dispatch MOU for Entry of Special Address Instructions Policy.

4400.3 SUPERVISOR
   4400.3.1 Shall approve or disapprove the Hazard File Entry/Delete Request (form SO-
092).
   4400.3.2 Once approved, the supervisor shall fax the form SO-092 to the DEO for entry
into the CAD system.
   4400.3.3 A hard copy of form SO-092 shall be forwarded to the CAD Administrator at
the DEO.
   4400.3.4 All Watch Commanders shall be responsible for final review of hazard entries
and deletions on their respective shifts (Northern and Southern).
   4400.3.5 Any other Division that wishes to enter or delete a hazard from the file shall
submit a form SO-092 to one of the Watch Commanders at the precinct that is
responsible for that particular address.

4400.4 DEPUTIES
   4400.4.1 Shall complete and sign the Hazard File Entry/Delete Request (form SO-092).
   4400.4.2 The form shall be given to the HCSO supervisor (Watch Commander or Duty
Officer).
   4400.4.3 Any hazard that is no longer valid will require the deputy to complete form
SO-092 and submit it to a supervisor.
4400.5 POLICE COMMUNICATIONS

4400.5.1 Once form SO-092 is received, the hazard shall be entered into the CAD system by police communications and forwarded to the CAD Administrator.

4400.5.2 Dispatchers shall ask deputies who are clearing calls for service where hazards are in place whether or not the hazard is still valid.

4400.5.3 If the hazard is no longer valid it shall be the responsibility of the deputy to follow proper deletion procedures.

Reference: CALEA - N/A
Harford County Sheriff's Office

Hazard File Entry/Delete Request

Entry □ Delete □

Use this form to request that a hazard notation be entered in the CAD system on a particular address. Please supply as much information as possible, include the full name, sex, race, and date of birth, if available of the individual that the hazard applies to.

ADDRESS: _______________________________ DATE: __________

NAME OF PERSON (S)
HAZARD APPLIES: _______________________________

SEX _______ RACE _______ DATE OF BIRTH _________________

TYPE OF HAZARD: ______________________________

EXPLANATION OF HAZARD/DELETION:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SUBMITTED BY: ______________________ ID# __________

SUPERVISOR APPROVAL: ____________________________

FAX COMPLETED REQUESTS TO: 410-879-8530

THIS SECTION FOR DIVISION OF EMERGENCY OPERATIONS (DEO) USE ONLY

D.E.O. Supervisor Review: ______________________ Date __________

Entered By: __________________ Date __________

Rev. 08/13 SO-092

Rev. 08/13 Page 4 of 4