

## Action Card: 1;

Protective Marking: Restricted when Completed

Form 5474

### **ACTIONS TO BE TAKEN ON RECEIPT OF A BOMB THREAT**

- 1 Remain calm and talk to the caller
- 2 Note the caller's number if displayed on your phone
- 3 If the threat has been sent via email or social media see appropriate section below
- 4 If you are able to, record the call
- 5 Write down the exact wording of the threat:

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When Where What How Who Why Time

### **ASK THESE QUESTIONS & RECORD ANSWERS AS ACCURATELY AS POSSIBLE:**

1. Where exactly is the bomb right now?	<input type="text"/>
2. When is it going to explode?	<input type="text"/>
3. What does it look like?	<input type="text"/>
4. What does the bomb contain?	<input type="text"/>
5. How will it be detonated?	<input type="text"/>
6. Did you place the bomb? If not you, who did?	<input type="text"/>
7. What is your name?	<input type="text"/>
8. What is your address?	<input type="text"/>
9. What is your telephone number?	<input type="text"/>
10. Do you represent a group or are you acting alone?	<input type="text"/>
11. Why have you placed the bomb?	<input type="text"/>
Record time call completed:	<input type="text"/>

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**INFORM BUILDING SECURITY/ COORDINATING MANAGER**

Name and telephone number of person informed:

**DIAL 999 AND INFORM POLICE**

Time informed:

This part should be completed once the caller has hung up and police/ building security/ coordinating manager have all been informed

Date and time of call:

Duration of call:

The telephone number that received the call:

**ABOUT THE CALLER:**

Male	Female	Nationality?	Age?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**THREAT LANGUAGE:**

Well-spoken	Irrational	Taped	Foul	Incoherent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CALLER'S VOICE:**

	Calm	Crying	Clearing throat	Angry	Nasal	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slurred	Excited	Stutter	Disguised	Slow	Lisp	*Accent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid	Deep	Familiar	Laughter	Hoarse	Other (please specify)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\*What accent?

If the voice sounded familiar, who did it sound like?

**BACKGROUND SOUNDS:**

	Street noises	House noises	Animal noises	Crockery	Motor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear	Static	PA system	Booth	Music	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voice	Office machinery	Other (please specify)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Factory machinery					
<input type="checkbox"/>					