**SOP 15**

#### Terrorist & Bomb Threats

## IF A SUSPICIOUS ITEM IS FOUND

Do not at any time touch or try to move a suspicious package.

Immediately inform the Police, Duty Manager & VSG Operations Centre.

Evacuate premises.

Inform Police on their arrival of circumstances and action taken.

Do not use a radio or telephone near the suspect device.

## THREAT CALLS

Treat all calls as genuine.

Obtain as much information as possible from the informant (keep them talking and never hang up) and complete a check sheet.

Always stay calm. Never get angry or argue with the caller.

When the caller has hung up dial 1471 to obtain the number (if facility available).

Inform Police immediately and await their arrival. DO NOT ATTEMPT TO SEARCH FOR THE DEVICE.

Inform Duty Manager and 14forty Operations Centre.

On Police arrival show them the check sheet and act upon their instructions.

## SUSPECT POSTAL PACKAGES

Place package on nearest horizontal surface.

Evacuate room, closing door behind you and if possible open windows before leaving.

Call Police and inform Site Duty Manager and Medirest contract director.

#### bomb threat check list

|  |  |
| --- | --- |
| Message: | Message read?Message spontaneous? |
| Where is it? | Description of Caller |
| When will it go off? | Man / Woman / Child |  |
| What does it look like? | Young / Old |  |
| What kind of bomb is it? | Voice |
| Why these premises? | Soft |  |
| Who are you? | Harsh |  |
| Background Noise | Stammer |  |
| Music |  | Deep |  |
| Crowds |  | High |  |
| Traffic |  | Accent: |  |
| Children |  | Wheeze |  |
| Aircraft |  | Other |
| Rail |  | Direct call |
| Echo |  | Operator |
| Machinery |  | Time of call: |
| Typing |  | Phone No on which received |
| Weather / Water |  | Dial 1471: |
| Canteen |  | S/O receiving call: |
| Other: |  | Signature: |
| Notes |

|  |
| --- |
| SPECIFIC INSTRUCTIONS RELATING SOP15 |
| On the dates below I certify that I have received and fully understand the training in the correct use of the instructions specific to contract as specified by this procedure.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OFFICERS NAME | PIN NUMBER | DATE TRAINING COMPLETE | OFFICER SIGNATURE | MANAGER SUPERVISOR NAME  | MANAGER SUPERVISOR SIGNATURE |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |