



Zeus Airway

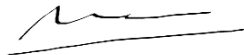
Zeus Airways

Emergency Response Plan Bomb Threat

Controlled Document Information

Document Review & Approval

This document has been reviewed for adequacy by Zeus Airways - Crisis Response Planning Manager, whose confirming signature appears below.



James William

20/09/2004

This document has been approved for adequacy by ZEUS Airways - Director Operations, whose confirming signature appears below.



Jack Sparrow

23/10/2004



Zeus Airway

PURPOSE AND SCOPE

The Company is prepared to respond to an aviation accident involving one of its corporate aircraft on a global basis. This Emergency Response Plan is intended to provide guidance to Flight Department personnel responding to such an event.

BOMB THREAT

If a Company aircraft is reported to have a Bomb or Hijack Threat, use the respective form in this manual and forward the information immediately to the Emergency Manager.

Telephone Bomb Threat Checklist

Your Name: _____ **Dept:** Flight Department

Time/Date: _____

Bomb Facts:

Pretend difficulty with hearing, if caller seems agreeable to further conversation keep the caller talking. Ask questions like:

When will the bomb go off?	Certain hour?
Time remaining?	Where is it located?
Building Area?	What kind of bomb is it?
Where are you now?	What does it look like?
What will cause it to explode?	Why was the bomb "planted"?
How do you know so much about the bomb?	What is your name?
What is your address?	

Did caller appear familiar with the building by the description of the bomb location? ☐ Yes ☐ No
Write out the message in its entirety and any other comments on a separate sheet of paper.

Caller's Description: ☐ Male ☐ Female

Age of Caller: ☐ Elderly ☐ Adult ☐ Juvenile

Origin of Call:

☐ Local ☐ Long Distance ☐ Pay Phone ☐ Mobile/Cellular ☐ Internal

Voice Description (mark all that apply):

<input type="checkbox"/> Deliberate	<input type="checkbox"/> Fast	<input type="checkbox"/> Crying	<input type="checkbox"/> Distorted	<input type="checkbox"/> Stutter
<input type="checkbox"/> Rational	<input type="checkbox"/> High Pitch	<input type="checkbox"/> Laughing	<input type="checkbox"/> Accent	<input type="checkbox"/> Lisp
<input type="checkbox"/> Coherent	<input type="checkbox"/> Whisper	<input type="checkbox"/> Angry	<input type="checkbox"/> Local	<input type="checkbox"/> Cracking
<input type="checkbox"/> Distinct	<input type="checkbox"/> Loud	<input type="checkbox"/> Profanity	<input type="checkbox"/> Nasal	<input type="checkbox"/> Out of Breath
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Soft	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Raspy	<input type="checkbox"/> Clearing Throat
<input type="checkbox"/> Calm	<input type="checkbox"/> Excited	<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Deep	<input type="checkbox"/> Race
<input type="checkbox"/> Slow	<input type="checkbox"/> Emotional	<input type="checkbox"/> Slurred	<input type="checkbox"/> Disguised	<input type="checkbox"/> Familiar
<input type="checkbox"/> Other				

If familiar, who did it sound like?

Background Noises:

<input type="checkbox"/> Factory	<input type="checkbox"/> Music	<input type="checkbox"/> Bar/Pub	<input type="checkbox"/> Trains	<input type="checkbox"/> Animals
<input type="checkbox"/> Quiet	<input type="checkbox"/> Voices	<input type="checkbox"/> Airplane	<input type="checkbox"/> Party	<input type="checkbox"/> Street traffic
<input type="checkbox"/> Office Machines	<input type="checkbox"/> PA system	<input type="checkbox"/> Other		

Next Steps:

- When both the phone call and this checklist are completed, immediately print and save this form and notify security at:
- Notify management at the affected facility.