

B.7. Bomb Warning Report

BOMB WARNING REPORT		
Crucial Questions upon receiving a bomb threat warning		
The Caller Message (exact words)		
Where is the bomb?		
<input type="checkbox"/> Terminal	<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Cargo/Baggage Area	
<input type="checkbox"/> Offices	<input type="checkbox"/> Other:	
When will it explode?		
Time:	Date:	
<input type="checkbox"/> In flight	<input type="checkbox"/> If moved	
<input type="checkbox"/> Other:		
What does it look like?		
<input type="checkbox"/> Briefcase	<input type="checkbox"/> Suitcase	
<input type="checkbox"/> Box	<input type="checkbox"/> Carrier bag	
<input type="checkbox"/> Other:		
Why are you doing this?		
Who are you?		
Name:		
Organization:		
Did the caller appear familiar with the aircraft or building by his/ her description of the bomb location?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Origin of call		
<input type="checkbox"/> Pay phone	<input type="checkbox"/> Private phone	
<input type="checkbox"/> Mobile	<input type="checkbox"/> Internal line	
Specify number dialled by caller:		
Callers Identity		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Approximate age:	Years:	
Voice Characteristics (mark all that apply)		
<input type="checkbox"/> Loud	<input type="checkbox"/> High Pitched	<input type="checkbox"/> Rasping
<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Soft	<input type="checkbox"/> Deep
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Other:	

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Speech		
<input type="checkbox"/> Fast	<input type="checkbox"/> Distant	<input type="checkbox"/> Stutter
<input type="checkbox"/> Slurred	<input type="checkbox"/> Slow	<input type="checkbox"/> Nasal
<input type="checkbox"/> Distorted	<input type="checkbox"/> Other:	
Language		
<input type="checkbox"/> Arabic	<input type="checkbox"/> English	
<input type="checkbox"/> Mother Tongue	<input type="checkbox"/> Dialect:	
<input type="checkbox"/> Other:		
Command of Language		
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	
<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Background Noise (mark all that apply)		
<input type="checkbox"/> Quiet	<input type="checkbox"/> Mixed	<input type="checkbox"/> Music
<input type="checkbox"/> Voices	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Aircraft
<input type="checkbox"/> Loudspeaker	<input type="checkbox"/> Animals	<input type="checkbox"/> Office machines
<input type="checkbox"/> Traffic	<input type="checkbox"/> Party	<input type="checkbox"/> Industrial
<input type="checkbox"/> Other:		
Manner (mark all that apply)		
<input type="checkbox"/> Calm	<input type="checkbox"/> Rational	<input type="checkbox"/> Coherent
<input type="checkbox"/> Deliberate	<input type="checkbox"/> Righteous	<input type="checkbox"/> Obscene
This form should be completed and forwarded immediately to: Safety Manager: M +971 50 7731198 (t.wilson@abudhabiaviation.com) Security Manager: M +971 50 666 1174 (a.almazrouei@abudhabiaviation.com) Operations Control Centre: T + 971 (2) 447 4099 (opsdc@abudhabiaviation.com)		
Name of person who received warning:		
Telephone number		
To whom enquires should be directed		
Telephone number		
Signed		
Date: ____ / ____ / ____	Time: _____	