

Appendix J Bomb Threat

NOTIFICATION OF BOMB OR TERRORIST THREAT

DLA personnel will treat any threat received with the utmost seriousness. Immediately report the threat to local law enforcement and FDLA officials. By being prepared and knowing how to respond, you can help ensure that all necessary precautions will be taken.

All DLA personnel must be instructed in what to do if a bomb or terrorist threat call is received.

NOTE: If the threat affects an aircraft in flight, follow procedures outlined in DLA's GOM, Section 13, paragraphs 3 and 4.

A. Responding to a Bomb or Terrorist Threat

- Respond calmly
- Complete the Security Threat Checklist completely
- Keep the caller on the line if possible
- Ask him/her to repeat the message and try to keep a word for word record of the conversation
- Ask for time or location of the bomb or attack
- Listen for speech and background noise. Listen closely to the voice and inflection, trying to determine caller's state of mind
- Do NOT hang up, even if the caller does
- Record the call if possible.
- Attempt to enable additional DLA personnel to listen in on the phone call. Only one person should be communicating with the caller if more than one is listening to the call
- Notify a local law enforcement agency, and / or the FDLA along with DLA management at the conclusion of the call
- Initiate and request a tracer on the phone call with the telecom provider (Nextiva Communications)

DREAMLINE AVIATION, LLC

Security Threat Checklist

Forms Manual
Form 650

Revision 11
Date: 05/21/18

Recipient of Threat: _____ Date: _____ Time (From): _____ to: _____

Gender of Caller: _____ Telephone Number at which call is received: () _____

Exact Wording of the Threat: _____

BOMB THREAT QUESTIONS

- When is the bomb set to explode? _____
- Where is the bomb? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will trigger the bomb? _____
- "Did YOU place the bomb?" _____
- Why? _____
- What is your address? _____
- What is your name? _____

CALLER'S VOICE

- Did you recognize voice? Who do you think it was? _____
- | | | | |
|------------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Excited | <input type="checkbox"/> Lip | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Whispered | <input type="checkbox"/> Soft | <input type="checkbox"/> Ragged | <input type="checkbox"/> Loud |

BACKGROUND SOUNDS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Music | <input type="checkbox"/> Machinery | <input type="checkbox"/> Local |
| <input type="checkbox"/> Television | <input type="checkbox"/> House Noises | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> Clear | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Office Noises | <input type="checkbox"/> Static | |

LANGUAGE / SPEECH

- | | | | |
|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Fluent | <input type="checkbox"/> Articulate | <input type="checkbox"/> Reading Statement | <input type="checkbox"/> European Accent |
| <input type="checkbox"/> Precise | <input type="checkbox"/> Repeating | <input type="checkbox"/> Northern Accent | <input type="checkbox"/> Middle Eastern Accent |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Rational | <input type="checkbox"/> Southern Accent | <input type="checkbox"/> Asian Accent |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Irrational | <input type="checkbox"/> New England | <input type="checkbox"/> Other _____ |

DO NOT HANG UP THE CALL