

Bomb threat checklist

Place this near or under your telephone for quick reference

Questions to ask

- What type of bomb is it?
- When is the bomb going to explode?
- What will make the bomb explode?
- Where did you place the bomb?
- Why did you place the bomb?
- What is your name?
- What is your address?

Exact wording of the threat

Callers Voice

- Accent – specify _____
- Voice (loud, soft, etc.) _____
- Diction (clear, muffled etc.) _____
- Did you recognise the voice YES NO
- If so, who do you think it was? _____
- Specify any speech impediment _____
- Speech (fast, slow, etc.) _____
- Manner (calm, emotional, etc.) _____
- Was the caller familiar with the area? YES NO

Language of threat

- Well spoken YES NO
- Irrational YES NO
- Message read by caller YES NO
- Incoherent YES NO
- Taped YES NO
- Abusive YES NO

Background noises

- No noise YES NO
- Street noises YES NO
- Aircraft YES NO
- Children YES NO
- Machinery YES NO
- Local call YES NO
- House noises YES NO
- Long distance YES NO
- Voices YES NO
- Other _____

Other

Sex of caller MALE FEMALE Estimated age _____

Call details

Date _____ Time of call _____
 Duration of call _____ Telephone number called _____

Recipient

Name (print) _____ Signature _____

Contact Details _____

Do not hang up! Police may be able to trace the call

Bomb Threats

Identifying hazardous or suspicious mail/objects

Identifying if an object is suspicious

- a) Is it hidden?
- b) Is it obviously suspicious?
- c) Is it typical of your work area?
- d) Has there been unauthorised access?
- e) Has there been a perimeter breach?

Identifying hazardous or suspicious mail

- a) Is there excessive securing material?
- b) Is it excessively heavy?
- c) Are there protruding wires or foil?
- d) Is it lopsided or unevenly weighted?
- e) Are there oily stains or visible powder and crystals?
- f) Is it in a stiff or rigid envelope?
- g) Is the package or mail expected?
- h) Are there visual distractions on the packaging?
- i) Has an excessive postage or delivery fee been paid by the sender?
- j) Are incorrect names and titles used?
- k) Is the address handwritten or poorly typed?
- l) Are there restrictive markings (e.g. confidential)?
- m) Are common words misspelt?
- n) Is it external or foreign mail?
- o) Does it lack the sender's address?

Chief fire warden evacuation procedure

In the event of an emergency:

1. Do not panic

- Put on WHITE hard hat.
- Pick up mobile phone and keys.

2. Confirmation of emergency

- Proceed to location. Confirm whether it is a false alarm or emergency situation.

3. If there is an emergency

1. Contact Emergency Services by dialling "000". Give clear instructions as to the location of the site.
2. Contact Floor/Area Wardens to put on their helmets and standby.
3. Deputise other Wardens to evacuate buildings.

Uniting Church Centre	Other workplaces and places of worship
<ul style="list-style-type: none"> • Synod Building • Alcorn Lodge • Primmer • Trinity – including Library 	

4. Deputise a Warden to conduct a roll call and take charge of assembly areas.
5. Proceed to Assembly Points.

Uniting Church Centre	Other workplaces and places of worship
<ul style="list-style-type: none"> • Students – pool area • Staff – Bayliss Street entrance 	

6. Liaise with Emergency Services on arrival and direct them to the location of the emergency.
7. Advise the emergency services of the location points to turn off electricity/gas, assembly point locations and any information on missing persons.
8. Proceed to assembly point and await "all clear" from emergency services personnel.

Chief fire warden evacuation report

Date of evacuation: _____ Time of evacuation: _____

Who provided assistance?

Chief Fire Warden:	Warden:
Warden:	Warden:
Warden:	Warden:
Warden:	Warden:
Warden:	Warden:

Details

Area	All Clear (✓)	Disabled persons	Refusal to evacuate	Medical emergency	Comments (including location of remaining occupants)

Other comments:

Name of person completing form: _____

Position: _____

Signature: _____

Date: _____

Church workplaces/places of worship

Church:

Name/place of worship:

Description of workplace (including tasks performed):

Assessed by:

Signature:

date:

1. Location of building or structures

How could the church workplace / place of worship have an impact on the surrounding area?

How could the surrounding area have an impact on the church workplace / place of worship?

How does the building layout affect church workplace / place of worship hazards?

Are there hazards associated with access, egress or deliveries?

2. High consequence hazards

Are there any dangerous good, hazardous substances, biological or high energy hazards present? (e.g. electricity, temperature, pressure) If so, please describe.

3. Systems of work

Identify main work activities. What hazards are associated with identified work activities?

Are there existing hazard identification checklists for these activities?

4. Environment

What are the potential church workplace / place of worship environmental hazards? (e.g. inadequate ventilation, lighting, first aid rooms.)

5. Incident mitigation

If an incident occurs, are there design factors that could lead to escalation or failure to control the incident? (e.g. inadequate fire protection)

Could emergency responders (emergency services and wardens) be hindered through design? (e.g. inadequate egresses, inappropriate location of assembly point, inadequate emergency services access.)

Chief Fire Warden roll call procedure

The warden/s in charge of the assembly areas should organise the following:

Congregational members

- Forms groups based on family units and relationships.
- One person from each group to report to the person in charge of assembly area.
- Report that all are present.
- Report if a member cannot be located.
- Visitors to be identified.

Staff

- Forms groups based on the work unit or floor.
- One person from each work unit or floor to report to the person in charge of assembly area.
- Report that all are present.
- Report if a staff member cannot be located.
- Visitors to be identified.

Students

- Form groups based on the units.
- One person from each unit to report to the person in charge of assembly area.
- Report that all are present.
- Report if a student cannot be located.
- Visitors to be identified.

A summary of this information including the last known location of the missing persons is to be provided to the Chief Fire Warden to give to emergency services personnel on arrival.

Office environment checklist

Church:

Name/place of worship:

Description of workplace (including tasks performed):

Assessed by:

Signature:

date:

Workstation ergonomics

- | | |
|--|---------------|
| 1. Workstations are assessed using the Office Work Space Checklist | Yes / No / NA |
|--|---------------|

Environmental issues

- | | |
|---|---------------|
| 1. Use of energy resources is minimised. | Yes / No / NA |
| 2. Recycling of used office supplies (i.e. paper, toner, cartridges etc). | Yes / No / NA |
| 3. Workspace has had an energy audit. | Yes / No / NA |
| 4. Email is used where possible. | Yes / No / NA |
| 5. Paper is reused for photocopying or printing drafts of reports etc. | Yes / No / NA |
| 6. Air conditioning is designed appropriately for building. | Yes / No / NA |
| 7. Lighting uses energy efficient bulbs. | Yes / No / NA |
| 8. Toilets have dual flushing facilities. | Yes / No / NA |

Emergency procedures

- | | |
|---|---------------|
| 1. Workers, volunteers and others are inducted and records are kept. | Yes / No / NA |
| 2. Written procedures are provided to all workers, volunteers and others. | Yes / No / NA |
| 3. Written procedures are posted in visibly prominent positions. | Yes / No / NA |
| 4. People are aware of procedures and know who emergency wardens are. | Yes / No / NA |
| 5. Extinguishers are present. | Yes / No / NA |
| 6. Extinguishers are serviced every 6 months. | Yes / No / NA |
| 7. If available, electronic alarms can be heard throughout the building. | Yes / No / NA |
| 8. Escape routes are in good order. | Yes / No / NA |
| 9. Emergency signage is clearly visible. | Yes / No / NA |

Manual handling

- | | |
|---|---------------|
| 1. Operations are assessed using the Manual Handling Tasks Checklist. | Yes / No / NA |
| 2. Often used items are in easy access between knee and shoulder. | Yes / No / NA |
| 3. Heavy items are stored at waist height. | Yes / No / NA |
| 4. Step ladders / stools are used to access items on high shelving. | Yes / No / NA |
| 5. Repetitive activities are minimised. | Yes / No / NA |
| 6. Regular rest breaks are taken. | Yes / No / NA |
| 7. Trolleys are available and used to transport items. | Yes / No / NA |

Electrical safety

- | | |
|--|---------------|
| 1. Equipment has current test tags. | Yes / No / NA |
| 2. Extension leads are used only for temporary power supply. | Yes / No / NA |
| 3. Power boards, not adaptors, are used. | Yes / No / NA |
| 4. Leads are kept clear of walkways. | Yes / No / NA |
| 5. Tags are used on faulty equipment. | Yes / No / NA |

Office work space checklist

Church:

Name/place of worship:

Description of workplace (including tasks performed):

Assessed by:

Signature:

date:

General layout

- | | |
|---|---------------|
| 1. Is there adequate desk space for the person and the tasks to be performed? | Yes / No / NA |
| 2. Is there adequate free floor space in the person's area? | Yes / No / NA |

Office chair

- | | |
|--|---------------|
| 1. The height of the chair can be adjusted. | Yes / No / NA |
| 2. There is an adjustable back rest (in height, angle and depth). | Yes / No / NA |
| 3. The seat has a curved edge. | Yes / No / NA |
| 4. The seat and back is cloth covered. | Yes / No / NA |
| 5. The base has a five-star castor base. | Yes / No / NA |
| 6. The seat is adjusted so the user's thighs are parallel to the floor and feet rest flatly. | Yes / No / NA |
| 7. As required, a foot rest is used to ensure feet rest flatly and thighs are parallel to the floor. | Yes / No / NA |
| 8. The back of the chair is adjusted to a 100°-110° reclined angle to support the curve in person's lower back to help keep them upright when typing. | Yes / No / NA |
| 9. The chair is pulled close to the work surface and the seat height is adjusted so that the person's elbows, hips and knees are roughly at 90 degrees and their forearms are parallel to, or sloping down toward the desktop. | Yes / No / NA |
| 10. The lumbar support of the backrest is at the lumbar height of the person. | Yes / No / NA |

Desk

- | | |
|--|---------------|
| 1. The desk used enables the person to have both feet on the floor and can use the keyboard with forearms at right angles. | Yes / No / NA |
|--|---------------|

Computer placement

- | | |
|---|---------------|
| 1. The advised distance between the person and the screen is usually one arms length. | Yes / No / NA |
| 2. The monitor is centred in front of the person to avoid extremes of head and neck bending. | Yes / No / NA |
| 3. The monitor is positioned where there is no light source to shine into it creating glare (i.e. at right angles to windows or away from bright lights). | Yes / No / NA |
| 4. If glare is occurring, a glare guard is being used. | Yes / No / NA |

Keyboard and mouse

- | | |
|---|---------------|
| 1. The mouse is near the keyboard and at the same level/height. | Yes / No / NA |
| 2. The mouse and the keyboard close to the front edge of the desktop to avoid overstretching. | Yes / No / NA |
| 3. The keyboard is at a comfortable tilt angle for the typing. | Yes / No / NA |

Document positioning

- | | |
|--|---------------|
| 1. Documents are positioned for ease of reading. | Yes / No / NA |
| 2. A document holder is used: | |
| a. In a level position beside the screen (when the keyboard is in a central position). | Yes / No / NA |
| b. Directly below the screen, just above the keyboard. | Yes / No / NA |

Telephone

- | | |
|--|---------------|
| 1. The telephone is in easy reach and on the correct side. | Yes / No / NA |
| 2. If the person uses the telephone frequently, a headset is provided. | Yes / No / NA |

Working environment

- | | |
|--|---------------|
| 1. When typing, the person can have a break and stand or walk once every hour. | Yes / No / NA |
| 2. Lighting is adequate. | Yes / No / NA |
| 3. Noise levels are acceptable. | Yes / No / NA |

Witness checklist – offender details

Witness name _____

Address _____

Telephone _____

Position in church _____

Signature _____

Date of completion _____

Description of Offender/s (Circle all that are applicable)

Number of offenders	1 2 3 4 5 Other Number: _____
Sex of offenders	No. of males _____ No. of females _____ No. of unknown _____
Age	<20 21-25 26-30 31-35 36-40 41-45 46-50 51-60 61-70 71-80 Not Known
Race	Description: _____
Height	4'/122cm 4'6"/137cm 5'/152cm 5'6"/168cm 5'8"/173cm 5'10"/178cm 6'/183cm >6'/183cm
Weight	50-60kg 61-70kg 71-80kg 81-90kg 91-100kg 101-110kg >110kg
Build	Thin Slim Medium Heavy Muscular Fat Stout
Hair	Colour – Blonde Dirty Blond Auburn Red Brown Black White Grey Silver Dyed Type – Bald Shaved Head Neat Straight Wavy Curly Afro Tied-up Wig Length – Short Crew Flat Top Spiked Neck Shoulder Long Additional description: _____
Eyes	Black Blue Brown Green Grey Hazel Not Known
Glasses	Prescription Wire frame Plastic frame Brown Black Gold Silver Rimless Clear Bifocal Tinted Sunglasses Additional description: _____
Complexion	Pale Fair Medium Tanned Brown Black Acne Freckled Fresh Rosy Scarred Swarthy Additional description: _____
Facial hair	Colour – Blonde Dirty Blond Auburn Red Brown Black White Grey Silver Dyed Type – Beard Sideburns Moustache Full-face Goatee Unkempt Stubble Additional description: _____
Speech	Normal Foreign Impediment Uneducated Swearing Quiet Loud Squeaky High Husky Deep Smooth Raspy Additional description: _____
Jewellery	Earrings Studs Rings Necklaces Anklets Bangles Watch Additional description: _____

Description of Offender/s (Circle all that are applicable)

Clothing	<p>Quality Washed Grubby Stained Ironed Unironed Ripped</p> <p>Head Beanie Cap Felt Hat Helmet Straw-hat Balaclava Mask Scarf Sunglasses</p> <p>Feet No shoes Socks Thongs Sandals Slippers Slip-Ons Covered shoes Joggers Boots</p> <p>Dress Summer Winter Evening Casual Dressing Gown Short Knee-length Long</p> <p>Upper Body T-Shirt Shirt – short sleeves Shirt – long sleeves Blouse – short sleeves Blouse – long sleeves Suit Jacket Cardigan Jumper Tracksuit Singlet Skivvy Pyjamas Parker Wind Breaker</p> <p>Lower Body Pants Slacks Cords Jeans Tracksuit Shorts Pyjamas Mini-Skirt Short Skirt Long Skirt</p> <p>Underwear Boxer Y-Front Jockette Under-Shirt Singlet Bra Cotton/Nylon</p> <p>Accessories Suspenders Belt Tie Stockings Apron</p> <p>Fit Tight Average Loose Baggy</p> <p>Additional description:</p>
Tattoos	<p>Location Shoulder Upper Arm Fore-Arm Wrist Hand Finger Thumb Face Neck Chest Should-blade Stomach Back Pelvis Buttocks Thigh Calf Ankle Foot</p> <p>Additional description:</p>
Make up	Description:
Other unique features	Description:

Details of event (Circle all that are applicable)

Date and time	
Location	Description:
Arms / weapons used	Description:
Others present	Description:

Means of transport	Type – Car Taxi Bus Train Motorcycle Scooter Truck Van Ute Bicycle Roller Blades Roller Skates Skate Board Foot Colour – Red Orange Yellow Blue Purple Maroon Green Cream White Black Metallic Two-tone Mixed Additional description
Description of event/s	Description: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Workshop hazard identification checklist

Church:

Name/place of worship:

Description of workplace (including tasks performed):

Assessed by:

Signature:

date:

General layout

- | | |
|---|---------------|
| 1. Area is tidy and well kept. | Yes / No / NA |
| 2. Adequate storage of provided for - | Yes / No / NA |
| 3. Floor is free from obstructions. | Yes / No / NA |
| 4. Sufficient space has been allocated for each work area and desk. | Yes / No / NA |
| 5. Walkways are free from obstruction. | Yes / No / NA |
| 6. Exits are free from obstruction. | Yes / No / NA |
| 7. Floor coverings are in good condition. | Yes / No / NA |

Environment

- | | |
|--------------------------------|---------------|
| 1. Temperature is comfortable. | Yes / No / NA |
| 2. Lighting is adequate. | Yes / No / NA |
| 3. Area is free from odours. | Yes / No / NA |
| 4. Noise level is acceptable. | Yes / No / NA |
| 5. Ventilation is adequate. | Yes / No / NA |

General facilities

- | | |
|--|---------------|
| 1. Washing facilities are adequate. | Yes / No / NA |
| 2. Storage space for personal belongings is available. | Yes / No / NA |
| 3. Cleaning of area is adequate. | Yes / No / NA |
| 4. Cleaning chemicals are labelled. | Yes / No / NA |

First aid facilities

- | | |
|---|---------------|
| 1. Location of first aid kits is known to people. | Yes / No / NA |
| 2. First aid kits are accessible within 5 minutes. | Yes / No / NA |
| 3. First aid kit contents are checked every three months. | Yes / No / NA |
| 4. Qualified first aid officer/s are available. | Yes / No / NA |
| 5. Workers, volunteers and others know who the first aid officer/s are. | Yes / No / NA |

Workstation ergonomics

- | | |
|---|---------------|
| 1. Workstations are assessed using the Office Work Space Checklist. | Yes / No / NA |
|---|---------------|

Environmental issues

- | | |
|---|---------------|
| 1. Use of energy resources is minimized. | Yes / No / NA |
| 2. Recycling of used office supplies (i.e. paper, toner, cartridges etc). | Yes / No / NA |
| 3. Workspace has had an energy audit. | Yes / No / NA |
| 4. E-mail is used where possible. | Yes / No / NA |
| 5. Paper is reused for photocopying or printing drafts of reports etc. | Yes / No / NA |
| 6. Air conditioning is designed appropriately for building. | Yes / No / NA |
| 7. Lighting uses energy efficient bulbs. | Yes / No / NA |
| 8. Toilets have dual flushing facilities. | Yes / No / NA |

Emergency procedures

- | | |
|---|---------------|
| 1. Workers, volunteers and others are inducted and records kept. | Yes / No / NA |
| 2. Written procedures are provided to all workers, volunteers and others. | Yes / No / NA |
| 3. Written procedures are posted in visibly prominent positions. | Yes / No / NA |
| 4. People are aware of procedures and know who emergency wardens are. | Yes / No / NA |
| 5. Extinguishers are present. | Yes / No / NA |
| 6. Extinguishers are serviced every 6 months. | Yes / No / NA |
| 7. If available electronic alarms can be heard throughout the building. | Yes / No / NA |
| 8. Escape routes are in good order. | Yes / No / NA |
| 9. Emergency signage is clearly visible. | Yes / No / NA |

Manual handling

- | | |
|--|---------------|
| 1. Operations are assessed using the Manual Handling Tasks Checklist | Yes / No / NA |
| 2. Often used items are in easy access between knee and shoulder. | Yes / No / NA |
| 3. Heavy items are stored at waist height. | Yes / No / NA |
| 4. Step ladders / stools are used to access items on high shelving. | Yes / No / NA |
| 5. Repetitive activities are minimized. | Yes / No / NA |
| 6. Regular rest breaks are taken. | Yes / No / NA |
| 7. Trolleys are available and used to transport items. | Yes / No / NA |

Electrical safety

- | | |
|--|---------------|
| 1. Equipment has current test tags. | Yes / No / NA |
| 2. Extension leads are used only for temporary power supply. | Yes / No / NA |
| 3. Power boards not adaptors are used. | Yes / No / NA |
| 4. Leads are kept clear of walkways. | Yes / No / NA |
| 5. Tags are used on faulty equipment. | Yes / No / NA |

General workshop

- | | |
|---|---------------|
| 1. Risk assessments have been completed for workshop procedures. | Yes / No / NA |
| 2. People are trained in general workshop procedures and safe work practices. | Yes / No / NA |
| 3. Warning & safety signage is in place for and tasks with potential and/or identified risks. | Yes / No / NA |
| 4. Manuals are available to assist with proper operation and use of tools and equipment. | Yes / No / NA |
| 5. Food and drink is not permitted. | Yes / No / NA |

Chemical aspects

- | | |
|--|---------------|
| 1. Written procedures are available for chemical handling storage and spillage. | Yes / No / NA |
| 2. People are aware of all chemical handling procedures. | Yes / No / NA |
| 3. People are trained in handling chemicals. | Yes / No / NA |
| 4. Chemical containers are labeled clearly and appropriately. | Yes / No / NA |
| 5. Chemical containers are stored appropriately. | Yes / No / NA |
| 6. Gas cylinders are secured adequately. | Yes / No / NA |
| 7. There is a current chemical inventory and Material Safety Data Sheets (MSDS). | Yes / No / NA |
| 8. Chemicals are disposed of appropriately. | Yes / No / NA |

Hand tools

- | | |
|--|---------------|
| 1. Equipment has current test tags. | Yes / No / NA |
| 2. Extension leads are used only for temporary power supply. | Yes / No / NA |
| 3. Power boards not adaptors are used. | Yes / No / NA |
| 4. Leads are kept clear of walkways. | Yes / No / NA |
| 5. Tags are used on faulty equipment. | Yes / No / NA |

Personal protective equipments (ppe)

- | | |
|---|---------------|
| 1. PPE is provided where necessary. | Yes / No / NA |
| 2. PPE is correctly stored and maintained. | Yes / No / NA |
| 3. People are trained in the proper use of PPE. | Yes / No / NA |
| 4. PPE provided complies with Australian Standards. | Yes / No / NA |

Waste disposal

- | | |
|--|---------------|
| 1. Waste is disposed of in an environmentally appropriate manner. | Yes / No / NA |
| 2. People are trained and aware of how to dispose waste appropriately. | Yes / No / NA |
| 3. Waste is recycled where possible. | Yes / No / NA |
| 4. Spill kits are available where needed. | Yes / No / NA |
| 5. Regular waste disposal occurs to avoid its accumulation on Church property. | Yes / No / NA |

Painting

- | | |
|---|---------------|
| 1. Ventilation is adequate for painting activities. | Yes / No / NA |
| 2. Respiratory equipment is properly maintained. | Yes / No / NA |
| 3. Painting equipment is properly maintained, cleaned and stored. | Yes / No / NA |
| 4. Painting equipment is used appropriately. | Yes / No / NA |
| 5. People are aware of how to use and care for painting equipment. | Yes / No / NA |
| 6. Paints and thinners are labeled, stored, used and disposed of appropriately. | Yes / No / NA |