

ANTI-ROBBERY EXERCISE EVALUATION

1. UNIT COMMANDER	2. EXERCISE LOCATION	3. DATE	4. TIME	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
5. PARTICIPANTS	6. INVOLVEMENT	7. ORGANIZATION		
8. FINDINGS AND OBSERVATIONS		YES	NO	N/A
<i>Did the employee(s) remain calm and comply with demands of the perpetrator(s)?</i>				
<i>Did the employee activate the duress alarm (if applicable)?</i>				
<i>Were all the employees notified of the exercise, did they assist in completing anti-robbery procedures?</i>				
<i>Were facility employees notified of the exercise via code word?</i>				
<i>Did the facility cease all funds handling activities after the perpetrator(s) departed?</i>				
<i>Were registers and safes closed and locked? (Exception: Do not handle if touched by perpetrator(s))</i>				
<i>Did an employee attempt to detain/follow the perpetrator(s) out of the facility? (NOT AUTHORIZED)</i>				
<i>Were the facility doors secured after the perpetrator(s) departed?</i>				
<i>Did an employee notify security forces immediately?</i>				
<i>Did the employee call <input type="checkbox"/> 911, <input type="checkbox"/> Crime Stop or <input type="checkbox"/> 777-3056 (Security Forces Control Center (SFCC) non-emergency)?</i>				
<i>Was AF IMT 439, Robbery Checklist, utilized?</i>				
<i>Was the physical description section of the AF IMT 439 utilized?</i>				
<i>Did the employee provide an accurate description of the employee?</i>				
<i>Did the employee attempt to obtain a direction or mode of travel of the perpetrator?</i>				
<i>Was the crime scene and any evidence protected?</i>				
<i>Were all customers asked to remain on scene for investigators, but out of the crime scene?</i>				
<i>If a customer demanded to leave, was all pertinent information about them obtained?</i>				
<i>Did employees follow the instructions or responding patrols and the desk sergeant?</i>				
<p><i>Failure to accomplish any of the critical items, identified in italic, or failure to accomplish four of the non critical items constitutes a failure. If a failure occurs, a reevaluation will be conducted by Hill AFB Security Force, Installation Security Section, within 30 days of dated of evaluation.</i></p>				
9. RECOMMENDED CORRECTIVE ACTION: <ol style="list-style-type: none"> a. A written reply to this evaluation is/is not required within 30 days. b. Contact the installation security section for additional training and guidance. c. Establish unit security training programs to keep personnel alert and aware of their responsibilities. d. Conduct realistic internal anti-robbery exercises. Coordinate your exercises with security forces. e. Immediately terminate the exercise if any unsafe conditions exists or unsafe act occurs. Do not use explosives or weapons. 				
10. COMMENTS				
SECURITY FORCE EVALUATOR				
11. EVALUATOR NAME	12. UNIT/OFFICE SYMBOL	13. EVALUATOR NAME	14. UNIT/OFFICE SYMBOL	

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