## Nummer:

***Company name/logo***

**Operating instructions**

**Robbery prevention and dealing with payments**

Number: Please enter

Date: Please enter

Responsible: Name and telephone number

Workplace/field of activity: *Enter applicable area here (e.g., department, workplace, room)*

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| --- | --- | --- | --- | --- | --- |
|  | **1. Scope** | |  | | |
|  | Robbery prevention and dealing with payments | | | | |
|  | **2. Contact partners with emergency telephone numbers** | |  | | |
|  | Police station Tel.:  Emergency doctor Tel.:  Emergency pastoral care Tel.:  Neighbours Tel.:  Company/headquarters Tel.:  BGN Tel.: 0621 4456-0 | | | | |
| **3. Handling business payments** | | | | | |
|  | * Immediately close the till after using. * Immediately remove and secure amounts over €\_\_\_\_ (e.g., in a safe). * Do not take cash receipts home with you. * Count and bundle cash behind a locked door and prevent others from being able to see inside. | | | | |
| **4. Money transport** | | | | | |
|  | * Adhere to the established procedures for legitimising money transfers with cash-in-transit companies. * If the company’s own staff are to transport money: * At least two people carrying money in a suitable container. * Transport money at alternating times. * Always use alternating routes. * Visually inspect the external area before leaving the business, e.g., by looking out the peephole. | | | | |
| **5. Behaviour during a robbery** | | | | | |
|  | * Keep calm and do not try to be a hero. * Follow the perpetrator’s instructions. * Do not use weapons or similar. * Do not provoke perpetrators. * Do not block exits. | | | | |
| **6. Behaviour after a robbery** | | | | | |
|  | * Immediate support for victims: * Reassure them. * Ask if they need anything (e.g., inform relatives, contact a doctor). * Arrange assistance. * Ask those present to help. * Filing reports: * Report to the police. * Inform the BGN. * The company needs to: * Organise support for victims. * Stay in contact with victims. * Amend the rota if necessary. * If possible, fill out tracing sheet for perpetrator with the victims. | | | | |
|  | | | | |
| Date approved:  Next review date for operating instructions: | | | Signature: managing director/authorised person | | |

***These sample operating instructions must be adapted for the relevant company!***