

BOMB THREAT CHECKLIST *(Always keep a copy near your phone)*

Instructions: Be calm and courteous. Listen carefully, don't interrupt. Keep caller talking as long as possible to collect information (*pretend difficulty hearing, "would you please repeat that"*). If location is occupied tell caller that detonation will cause loss of life. Alert others with prearranged signal during the call. Record if possible. Complete form and immediately inform management/security and law enforcement by calling 911.

QUESTIONS TO ASK

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does the bomb look like?
4. What will cause the bomb to explode?
5. What kind of bomb is it?
6. Did you place the bomb?
7. What is your name?
8. What is your address and call back number?

Caller ID _____

EXACT WORDING OF THREAT

continued on reverse

CALLER'S VOICE

- | | | | |
|-----------------------------------------------|------------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Angry | <input type="checkbox"/> male | <input type="checkbox"/> female |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Loud | <input type="checkbox"/> Deep | |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Fast | <input type="checkbox"/> High | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Distinct | <input type="checkbox"/> Rasp | |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Slurred | <input type="checkbox"/> Lisp | |
| <input type="checkbox"/> Whispered | <input type="checkbox"/> Excited | <input type="checkbox"/> Ragged | |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Cracking voice | | |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Deep breathing | | |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> Clearing throat | | |
| <input type="checkbox"/> Familiar (like who?) | <input type="checkbox"/> Disguised | | |

MANNER OF THREAT LANGUAGE

- | | |
|---------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Read message | <input type="checkbox"/> Tape recorded playback |
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Educated | <input type="checkbox"/> Uneducated |
| <input type="checkbox"/> Rational | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Deliberate | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Righteous | <input type="checkbox"/> Laughing / joking |

BACKGROUND SOUNDS

- | | |
|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Street traffic | <input type="checkbox"/> House |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Factory or machinery |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Trains |
| <input type="checkbox"/> Office machines | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Music (what type) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Static |
| <input type="checkbox"/> Phone booth | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Other _____ | |

ADDITIONAL INFORMATION

Race / nationality of caller: _____

Age of caller: _____

Telephone number where call was received?

Length of call: _____

Date of call: _____

Time of call: _____ () am () pm

YOUR INFORMATION

Your name: _____

Your position: _____

Your telephone: _____

Your department: _____

Additional remarks and information on reverse