

Bomb Threat Checklist



KEEP THE CALLER ON THE LINE AS LONG AS POSSIBLE!



EXACT TIME AND DATE OF CALL: _____

EXACT WORDS OF CALLER: _____

| Voice | Language | Accent | Manner | Familiarity w/ Threatened Faculty | Background Noise |
|---|--|--|---|--|--|
| <input type="checkbox"/> Loud <input type="checkbox"/> High Pitched <input type="checkbox"/> Raspy <input type="checkbox"/> Intoxicated <input type="checkbox"/> Soft <input type="checkbox"/> Deep <input type="checkbox"/> Pleasant <input type="checkbox"/> Other | <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Foul <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Other | <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Race <input type="checkbox"/> Not Local <input type="checkbox"/> Region | <input type="checkbox"/> Calm <input type="checkbox"/> Rational <input type="checkbox"/> Coherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Righteous <input type="checkbox"/> Angry <input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing | <input type="checkbox"/> Much <input type="checkbox"/> Some | <input type="checkbox"/> Factory Machines <input type="checkbox"/> Bedlam <input type="checkbox"/> Music <input type="checkbox"/> Office Machines <input type="checkbox"/> Mixed <input type="checkbox"/> Street Traffic <input type="checkbox"/> Trains <input type="checkbox"/> Animals <input type="checkbox"/> Quiet <input type="checkbox"/> Voices <input type="checkbox"/> Airplanes <input type="checkbox"/> Party Atmosphere |

Questions to Ask the Caller

1. When is the bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why did you place the bomb? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

- If voice is familiar, whom did it sound like? _____
- Were there any background noises? _____
- Telephone number call received at: _____
- Person receiving call: _____
- Any Additional remarks: _____

DIAL 911 IMMEDIATELY AND REPORT THREAT