

## BOMB THREAT CHECKLIST

Keep a copy of this page under your phone.

1. EXACT WORDING OF THE THREAT:

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2. ASK THE CALLER

- a. What can you tell me?
- b. When is the bomb going to explode?
- c. Where is it right now?
- d. What kind of bomb is it?
- e. What will cause it to explode?
- f. Did you place the bomb?
- g. Why?
- h. What is your address?
- i. What is your name?

6. CALLER'S VOICE

Sex \_\_\_\_\_ Age \_\_\_\_\_

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Nasal           |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Stutter         |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Lisp            |
| <input type="checkbox"/> Slow     | <input type="checkbox"/> Raspy           |
| <input type="checkbox"/> Rapid    | <input type="checkbox"/> Deep            |
| <input type="checkbox"/> Soft     | <input type="checkbox"/> Ragged          |
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep Breathing  |
| <input type="checkbox"/> Crying   | <input type="checkbox"/> Cracking Voice  |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Familiar        |

If voice was familiar, who did it sound like?

3. REPORT THREAT IMMEDIATELY TO:

- Your supervisor;
- Building Emergency Coordinator;
- (In some cases) 911.

4. BASIC CALL INFORMATION

Time of threat: \_\_\_\_\_

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number where threat  
was received: \_\_\_\_\_

7. BACKGROUND NOISES:

- |                   |                  |
|-------------------|------------------|
| Street noises     | Office machinery |
| Restaurant        | Voices           |
| Factory machinery | Animal noises    |
| PA System         | Clear            |
| Music             | Static           |
| Household noises  | Local            |
| Motor             | Long Distance    |
| Other: _____      |                  |

5. THREAT LANGUAGE

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Well-spoken | <input type="checkbox"/> Incoherent       |
| <input type="checkbox"/> Foul        | <input type="checkbox"/> Taped            |
| <input type="checkbox"/> Irrational  | <input type="checkbox"/> Message was read |

8. REMARKS

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