

BOMB THREAT CHECKLIST

Telephone Procedures

DATE: / / TIME RECEIVED: : AM/PM CONCLUDED: : AM/PM

- REMAIN CALM, BE COURTEOUS, LISTEN TO, AND DO NOT INTERRUPT THE CALLER
- GET ATTENTION OF ANOTHER PERSON - GIVE NOTE SAYING "CALL POLICE - BOMB THREAT" **911**
- IF YOUR PHONE HAS CALLER ID DISPLAY, RECORD NUMBER OF INCOMING CALL _____
- WRITE DOWN EXACT WORDS OF THE CALLER AND THREAT
- DON'T HANG UP THE PHONE. LEAVE LINE OPEN
- NOTIFY A SUPERVISOR

TRY TO KEEP THE CALLER ON THE PHONE AND TALKING BY ASKING THE FOLLOWING QUESTIONS:

1. WHEN WILL IT EXPLODE? AT WHAT TIME? _____
2. WHERE IS IT LOCATED? WHAT FLOOR? ROOM? _____
3. WHAT DOES IT LOOK LIKE? _____
4. WHAT KIND OF BOMB IS IT? _____
5. WHAT WILL SET IT OFF? _____
6. WHY ARE YOU DOING THIS? _____
7. WHO ARE YOU? _____
8. ARE YOU AWARE THAT IT COULD KILL OR INJURE INNOCENT PEOPLE IN ADDITION TO THOSE YOU INTEND TO HURT? _____

DESCRIPTION OF CALLER (check all that apply)

Sex: Male _____ Female _____ Unknown _____ Approximate Age _____

Voice	Speech	Language	Behavior	Background Noises
<input type="checkbox"/> Clean	<input type="checkbox"/> Accented	<input type="checkbox"/> Educated	<input type="checkbox"/> Agitated	<input type="checkbox"/> Airport
<input type="checkbox"/> Distorted	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Foreign	<input type="checkbox"/> Angry	<input type="checkbox"/> Animals
<input type="checkbox"/> Loud	<input type="checkbox"/> Distinct	<input type="checkbox"/> Foul	<input type="checkbox"/> Blaming	<input type="checkbox"/> Baby
<input type="checkbox"/> Muffled	<input type="checkbox"/> Fast	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Calm	<input type="checkbox"/> Birds
<input type="checkbox"/> Nasal	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Irrational	<input type="checkbox"/> Fearful	<input type="checkbox"/> General Noise
<input type="checkbox"/> Pitch-High	<input type="checkbox"/> Lisp	<input type="checkbox"/> Rational	<input type="checkbox"/> Laughing	<input type="checkbox"/> Guns Firing
<input type="checkbox"/> Pitch-Med	<input type="checkbox"/> Slow	<input type="checkbox"/> Slang	<input type="checkbox"/> Nervous	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Pitch-Low	<input type="checkbox"/> Slurred	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Righteous	<input type="checkbox"/> Machinery
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Unintelligible	<input type="checkbox"/> Other:	<input type="checkbox"/> Music
<input type="checkbox"/> Raspy	<input type="checkbox"/> If Accented,	<input type="checkbox"/> If Foreign,		<input type="checkbox"/> Party
<input type="checkbox"/> Smooth	Describe:	Describe:		<input type="checkbox"/> Quiet
<input type="checkbox"/> Soft				<input type="checkbox"/> Restaurant
<input type="checkbox"/> Squeaky				<input type="checkbox"/> Talking
<input type="checkbox"/> Unclear				<input type="checkbox"/> Tavern/Bar
<input type="checkbox"/> Other				<input type="checkbox"/> Television
				<input type="checkbox"/> Traffic
				<input type="checkbox"/> Train
				<input type="checkbox"/> Typing
				<input type="checkbox"/> Water/Wind
				<input type="checkbox"/> Other:

Name Of Person Receiving Call: _____

Phone Number Threat Was Received On: _____

Name Of Possible Suspect: _____