

# ***BOMB THREAT CHECKLIST***

Bomb Threat Checklist

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<b>Date:</b>	<b>Time Call Received:</b>	<b>AM/PM</b>	<b>Time Call Concluded:</b>	<b>AM/PM</b>
<ul style="list-style-type: none"> <li>Remain calm, be courteous, <b>LISTEN</b> to, and do not interrupt the caller</li> <li><b>DON'T HANG UP THE PHONE.</b> Leave the line open.</li> <li><b>GET THE ATTENTION OF ANOTHER PERSON</b> - Give them a note saying, "BOMB THREAT – Call 911"</li> </ul>				
<ul style="list-style-type: none"> <li>Write down what is displayed on your caller id:</li> </ul>				
<ul style="list-style-type: none"> <li>Write down the exact words of the caller and threat:</li> </ul>				
<b>KEEP THE CALLER ON THE PHONE AND TALKING BY ASKING THE FOLLOWING QUESTIONS:</b>				
When is the bomb going to explode?		What kind of bomb is it?		
Where exactly is the bomb?		What will make the bomb explode?		
Which building? Which floor? Which room?		Did you place the bomb? Why?		
When did you put it there?		Who are you? What is your name?		
What does the bomb look like?		Where are you? What is your address?		

<b>DESCRIPTION OF CALLER (check all that apply)</b>				
<input type="checkbox"/> <b>Male</b>		<input type="checkbox"/> <b>Female</b>		<input type="checkbox"/> <b>Unknown</b>
			<b>Approximate Age:</b> _____	
Voice	Speech	Language	Behavior	Background Noises
<input type="checkbox"/> Clean	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Educated	<input type="checkbox"/> Agitated	<input type="checkbox"/> Airport
<input type="checkbox"/> Distorted	<input type="checkbox"/> Distinct	<input type="checkbox"/> Foul	<input type="checkbox"/> Angry	<input type="checkbox"/> Animals
<input type="checkbox"/> Loud	<input type="checkbox"/> Fast	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Blaming	<input type="checkbox"/> Baby
<input type="checkbox"/> Muffled	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Irrational	<input type="checkbox"/> Calm	<input type="checkbox"/> Birds
<input type="checkbox"/> Nasal	<input type="checkbox"/> Lisp	<input type="checkbox"/> Rational	<input type="checkbox"/> Fearful	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Pitch-High	<input type="checkbox"/> Slow	<input type="checkbox"/> Slang	<input type="checkbox"/> Laughing	<input type="checkbox"/> Machinery
<input type="checkbox"/> Pitch-Med	<input type="checkbox"/> Slurred	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Nervous	<input type="checkbox"/> Music
<input type="checkbox"/> Pitch-Low	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Unintelligible	<input type="checkbox"/> Righteous	<input type="checkbox"/> Quiet
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Accented	<input type="checkbox"/> Foreign	<input type="checkbox"/> Whiney	<input type="checkbox"/> Restaurant/Bar
<input type="checkbox"/> Raspy	<input type="checkbox"/> If Accented, Describe:	<input type="checkbox"/> If Foreign, Describe:	<input type="checkbox"/> Other:	<input type="checkbox"/> Talking
<input type="checkbox"/> Recorded message				<input type="checkbox"/> Television
<input type="checkbox"/> Smooth				<input type="checkbox"/> Traffic
<input type="checkbox"/> Soft				<input type="checkbox"/> Train
<input type="checkbox"/> Squeaky	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		<input type="checkbox"/> Typing
<input type="checkbox"/> Other:				<input type="checkbox"/> Water/Wind
				<input type="checkbox"/> Other:
Name Of Person Receiving Call:				
Phone Number Threat Was Received On:				
Name Of Possible Suspect(s):				