

BOMB THREAT CHECKLIST

Telephone Procedures

INSTRUCTIONS: Be calm, be courteous, listen. Do not interrupt the initial message of the caller. If possible, notify your supervisor immediately by a pre-arranged signal while the caller is on the line.

Name of Operator _____ Time _____ Date _____

Caller's Identity:

Sex: Male _____ Female _____ Adult _____ Juvenile _____ Approximate age _____ in years

Origin of Call: (Check Caller ID)

Local _____ Long Distance _____ Booth _____ Internal _____ Write the number here _____

Voice Characteristics

Speech

Language

<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Fast	<input type="checkbox"/> Slow	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good
<input type="checkbox"/> High Pitch	<input type="checkbox"/> Deep	<input type="checkbox"/> Distinct	<input type="checkbox"/> Distorted	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> Raspy	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Stutter	<input type="checkbox"/> Nasal	<input type="checkbox"/> Foul	<input type="checkbox"/> _____
<input type="checkbox"/> Intoxicated	<input type="checkbox"/> _____	<input type="checkbox"/> Slurred	<input type="checkbox"/> Lisp	<input type="checkbox"/> Other	<input type="checkbox"/> _____

Other _____

Other _____

Accent

Manner

Background Noises

<input type="checkbox"/> Local	<input type="checkbox"/> Not Local	<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Mixed	<input type="checkbox"/> Airplanes
<input type="checkbox"/> Foreign	<input type="checkbox"/> Region	<input type="checkbox"/> Rational	<input type="checkbox"/> Irrational	<input type="checkbox"/> Bedlam	<input type="checkbox"/> Animals
<input type="checkbox"/> Race	<input type="checkbox"/> Other	<input type="checkbox"/> Coherent	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Trains	<input type="checkbox"/> Voices
<input type="checkbox"/> Deliberate	<input type="checkbox"/> Emotional	<input type="checkbox"/> Music	<input type="checkbox"/> Quiet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Righteous	<input type="checkbox"/> Laughing	<input type="checkbox"/> Factory Machines	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Street Traffic	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Party Atmosphere	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Office Machines	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

BOMB FACTS

Pretend difficulty with hearing. Keep the caller talking. If the caller seems agreeable to further conversation, ask questions like:

When will it go off? Certain hour _____ **Time remaining** _____

Where is it located? Building _____ **Floor/Office/Area** _____

What kind of bomb? _____

How do you know so much about the bomb? _____

Where are you now? _____

What is your name and address? _____

If the building is occupied, inform the caller that detonation could cause injury or death.

Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.

Did the caller appear familiar with the building by his description of the bomb location? _____

ACTIONS TO TAKE IMMEDIATELY AFTER THE CALL

🕒 **NOTIFY THE UNIVERSITY POLICE, EXT 911 or 257-1616**

🕒 **NOTIFY YOUR IMMEDIATE SUPERVISOR.**

Talk to no one -- other than instructed by your supervisor or the Police.