BOMB THREAT CHECKLIST

~ Keep next to each phone ~

Try to record the exact wording of the threat .....
.....
.....

Ask the following questions:

- When is the Bomb going to explode? .....
- Where did you put the Bomb? .....
- When did you put it there? .....
- What does the Bomb look like? .....
- What kind of Bomb is it? .....
- What will make the Bomb explode? .....
- Did you place the Bomb? .....
- Why did you place the Bomb? .....
- What is your name? .....
- Where are you now? .....
- What is your address? .....
- Estimate: Age.....Years Accent - (Specify).....

D O N O T H A N G U P

Voice	Speech	Manner	Telephone	Background
❑ Man	❑ Fast	❑ Calm	❑ Local	❑ Music
❑ Woman	❑ Slow	❑ Angry	❑ STD	❑ Talk
❑ Child	❑ Distinct/Cultured	❑ Emotional	❑ Trunk	❑ Typing
❑ Unknown	❑ Impeded	❑ Loud	❑ Public	❑ Children
	❑ Stutter	❑ Soft	❑ Private	❑ Traffic
	❑ Nasal	❑ Pleasant	❑ Mobile	❑ Machines
	❑ Hesitant	❑ Raspy		❑ Aircraft
	❑ Uneducated	❑ Intoxicated		❑ Trains
	❑ Other	❑ Other		❑ Other

D O N O T H A N G U P

Notify any emergency warden. To avoid inappropriate actions, do not inform other persons.
Follow all directions given by the Floor/Area Warden.

Date ..... Time ..... Duration of call .....

Number called ..... Your Name (print) .....

Your number ..... Signature .....