

Bomb Threat Checklist

Follow these guidelines if you receive a telephone bomb threat:

- Keep the caller on the line as long as possible
- Ask him/her to repeat the message
- If possible, record every word spoken by the caller
- Inform the caller that the building is occupied
- Pay particular attention to background noises

Ask the caller the following questions, if possible:

When is the bomb going to explode? _____

Where is it right now? _____

What does it look like? _____

What kind of bomb is it? _____

What will cause it to explode? _____

Did you place the bomb? _____

Why? _____

What is your address? _____

What is your name? _____

Record the exact wording of the threat:

Gender of caller: _____ Local or foreign accent: _____ Approximate age: _____

Threat Language

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

Voice of Caller:

- | | | | | |
|--|------------------------------------|---|--|------------------------------------|
| <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"/> Rapid | <input type="checkbox"/> Raspy | <input type="checkbox"/> Soft | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Ragged | <input type="checkbox"/> Laughter | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Normal | <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Distinct | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Whispered | <input type="checkbox"/> Accent | | |
| <input type="checkbox"/> Familiar; if voice is familiar, whom did it sound like? _____ | | | | |

Background Sounds:

- | | | | | |
|---|---|--|--|------------------------------------|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Factory Machines | <input type="checkbox"/> Voices | <input type="checkbox"/> House Noises | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Static | <input type="checkbox"/> Music | <input type="checkbox"/> Office Noises | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Motor |
| <input type="checkbox"/> Other, describe: _____ | | | | |

Date and time of threat:	
Name and position of person who took the threat:	
Number at which threat was received:	