

Bomb Threat Check List

Date: _____ **Time:** _____ **Caller ID #** _____

EXACT WORDING OF THREAT

QUESTIONS TO ASK THE CALLER:

1. When is the bomb going to explode? _____
2. Where is the bomb? _____
3. What does the bomb look like? _____
4. What will cause it to explode? _____
5. What kind of bomb is it? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

BACKGROUND SOUNDS

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Children |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Factory |
| <input type="checkbox"/> PA System | Machines |
| <input type="checkbox"/> Music | <input type="checkbox"/> Office |
| <input type="checkbox"/> Household | <input type="checkbox"/> Machines |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Animals |
| | <input type="checkbox"/> Phone Booth |
| | <input type="checkbox"/> No Noises |

CALLER'S VOICE

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Distinct |
| <input type="checkbox"/> Female | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Bass |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Tenor |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Fast | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Excited | <input type="checkbox"/> High |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Cracking |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Accent | (who?) _____ |
| (Type?) _____ | _____ |

THREAT LANGUAGE

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Educated | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Caller Read |
| <input type="checkbox"/> Obscene | Message |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Other: _____ | |

PERSON RECEIVING CALL _____

REPORT THIS IMMEDIATELY TO CAMPUS SAFETY 9-1-1 OR EXT 7770