

BOMB THREAT CHECKLIST

- Instructions:
- | | |
|--|---|
| 1. Listen, don't interrupt. Stay calm and friendly. | 4. Pretend to have phone problems or can't hear well. |
| 2. DO NOT ask the caller to hold or leave the line. | 5. Ask the caller to repeat things you need to clarify. |
| 3. Keep caller talking, ask questions from list below. | |

CALLER'S IDENTITY: Male Female Age: _____ Race: _____

YOUR NAME: _____ Ext: _____ Date: _____ Time: _____ to _____

EXACT WORDING OF THREAT: _____

QUESTIONS TO ASK:

1. When is the bomb going to explode?

2. Where is the bomb right now?

3. What does it look like?

4. What kind of bomb is it?

5. What will cause it to explode?

6. How did the bomb get in the building?

7. Why was it put there?

8. Are you trying to hurt or kill someone?

9. Where are you calling from?

10. What is your name?

11. What is your address?

CALLER'S VOICE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Excited | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Ragged | <input type="checkbox"/> Fast |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Loud | <input type="checkbox"/> Laughing |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Crying | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Whispered | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> High Pitch | <input type="checkbox"/> Deep Pitch | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Crackling Voice |
| <input type="checkbox"/> Accent | What: _____ | |
| <input type="checkbox"/> Familiar | Who: _____ | |
| <input type="checkbox"/> Words or phrases: _____ | | |

THREAT LANGUAGE:

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Educated | <input type="checkbox"/> Message read by caller |

BACKGROUND SOUNDS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Train | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Crockery (dishes) | <input type="checkbox"/> Voices | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Music/Party | <input type="checkbox"/> House Noises | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Motor (gas/elec) | <input type="checkbox"/> Static | <input type="checkbox"/> Local |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> PA System | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Inside Dept |

Describe: _____

KNOWLEDGE OF DEPARTMENT: (check one)

Good

1	2	3	4	5
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 Bad