



## Bomb Threat Checklist



### Questions to ask

1. When is the bomb going to explode?

\_\_\_\_\_

2. Where did you put the bomb?

\_\_\_\_\_

3. When did you put it there?

\_\_\_\_\_

4. What kind of bomb is it?

\_\_\_\_\_

5. What does the bomb look like?

\_\_\_\_\_

6. What will make the bomb episode

\_\_\_\_\_

7. Why did you place the bomb?

\_\_\_\_\_

8. Where are you?

\_\_\_\_\_

9. What is your name

\_\_\_\_\_

10. What is your address?

\_\_\_\_\_

### Exact wording of threat

\_\_\_\_\_

### Information on caller

Sex \_\_\_\_\_ Age \_\_\_\_\_

Race \_\_\_\_\_ Length of call \_\_\_\_\_

### Caller's voice

- |   |  |
|---|--|
| <input type="checkbox"/> Calm           | <input type="checkbox"/> Excited         |
| <input type="checkbox"/> Rapid          | <input type="checkbox"/> Loud            |
| <input type="checkbox"/> Crying         | <input type="checkbox"/> Distinct        |
| <input type="checkbox"/> Lisp           | <input type="checkbox"/> Ragged          |
| <input type="checkbox"/> Accent         | <input type="checkbox"/> Raspy           |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Deep Breathing  |
| <input type="checkbox"/> Normal         | <input type="checkbox"/> Angry           |
| <input type="checkbox"/> Soft           | <input type="checkbox"/> Deep            |
| <input type="checkbox"/> Slow           | <input type="checkbox"/> Laughing        |
| <input type="checkbox"/> Slurred        | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Familiar       |  |

If so, what did it sound like? \_\_\_\_\_

### Action on call

Number call received at \_\_\_\_\_

Recipient \_\_\_\_\_

Time \_\_\_\_\_ am/pm Date / /

Call reported to \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date / /

### Threat language

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Incoherent                  | <input type="checkbox"/> Speech type |
| <input type="checkbox"/> Taped message               | <input type="checkbox"/> Irrational  |
| <input type="checkbox"/> Abusive/foul                |                                      |
| <input type="checkbox"/> Message read by threatmaker |                                      |

Other \_\_\_\_\_

### Background noises

- |  |  |
|--|--|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Crockery      | <input type="checkbox"/> Animal noises     |
| <input type="checkbox"/> Voices        | <input type="checkbox"/> Clear             |
| <input type="checkbox"/> PA System     | <input type="checkbox"/> Static            |
| <input type="checkbox"/> Music         | <input type="checkbox"/> House noises      |
| <input type="checkbox"/> Motor noises  | <input type="checkbox"/> Office machinery  |
| <input type="checkbox"/> Public phone  | <input type="checkbox"/> Local call        |
| <input type="checkbox"/> STD call      | <input type="checkbox"/> Aircraft          |
| <input type="checkbox"/> Other _____   |  |

### Remarks

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Instructions

**DO NOT** discuss with any other staff.

**DO NOT** return to the area until advised by the Chief Warden, Deputy Chief Warden or Building Warden.

**IMMEDIATELY** after receipt of the call, please complete this form.

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date / /