

BOMB THREAT CHECK LIST
REMEMBER TO KEEP CALM

WHO RECEIVED THE CALL

Name: _____
Telephone No: _____
Date call received: _____ Time received: _____

GENERAL QUESTIONS TO ASK

1. What is it? _____
2. When is the bomb going to explode? _____
Or
When is the substance going to be released? _____
3. Where did you put it? _____
4. What does it look like? _____
5. When did you put it there? _____
6. How will the bomb explode? _____
Or
How will the substance be released? _____
7. Did **you** put it there? _____
8. Why did you put it there? _____

BOMB THREAT QUESTIONS

1. What type of bomb is it? _____
2. What is in the bomb? _____
3. What will make it explode? _____

CHEMICAL / BIOLOGICAL THREAT QUESTIONS

1. What kind of substance is it? _____
2. How much substance is in it? _____
3. How will the substance be released? _____
4. Is the substance liquid, powder or gas? _____

OTHER QUESTIONS TO ASK

1. What is your name? _____
2. Where are you? _____
3. What is your address? _____

EXACT WORDING OF THE THREAT

CALLERS VOICE

Accent (specify): _____
Any impediment (specify): _____
Voice (Loud, Soft etc): _____
Speech (Fast, slow etc): _____
Diction (Clear, muffled): _____
Manner (Calm, emotional etc): _____
Did you recognize the caller? _____
If so who do you think it was? _____
Was the caller familiar with the area? _____

THREAT LANGUAGE

Well spoken: _____
Incoherent: _____
Irrational: _____
Taped: _____
Message read by caller: _____
Abusive: _____
Other: _____

BACK GROUND NOISES

Street noises: _____
House noises: _____
Aircraft: _____
Voices: _____
Music: _____
Machinery: _____
Other: _____
Local Call / STD _____

OTHER

Sex of caller: _____ Estimated age? _____

CALL TAKEN

Duration of Call: _____
Telephone Number called: _____

ACTION TAKEN (Obtain Details from Supervisor)

Report call immediately to: _____
Telephone No: _____