

# BOMB THREAT CHECKLIST

## Telephone Procedures

**DATE:** \_\_\_\_\_ **TIME RECEIVED:** \_\_\_\_\_ **AM/PM** **CONCLUDED:** \_\_\_\_\_ **AM/PM**

- \* REMAIN CALM, BE COURTEOUS, LISTEN TO, AND DO NOT INTERRUPT THE CALLER
- \* GET ATTENTION OF ANOTHER PERSON – GIVE NOTE SAYING “CALL MCTC PUBLIC SAFETY- BOMB THREAT”
- \* IF YOUR PHONE HAS CALLER ID DISPLAY- RECORD THE NUMBER OF INCOMING CALL \_\_\_\_\_
- \* WRITE DOWN EXACT WORDS OF THE CALLER AND THE THREAT
- \* DON'T HANG UP THE PHONE; LEAVE THE LINE OPEN
- \* NOTIFY A SUPERVISOR

**TRY TO KEEP THE CALLER ON THE PHONE AND TALKING BY ASKING THE FOLLOWING QUESTIONS**

1. WHEN WILL IT EXPLODE? AT WHAT TIME? \_\_\_\_\_
2. WHERE IS IT LOCATED? WHAT FLOOR? ROOM? \_\_\_\_\_
3. WHAT DOES IT LOOK LIKE? \_\_\_\_\_
4. WHAT KIND OF BOMB IS IT? \_\_\_\_\_
5. WHAT WILL SET IT OFF? \_\_\_\_\_
6. WHY ARE YOU DOING THIS? \_\_\_\_\_
7. WHO ARE YOU? \_\_\_\_\_
8. ARE YOU AWARE THAT IT COULD KILL OR INJURE INNOCENT PEOPLE IN ADDITION TO THOSE YOU INTEND TO HURT? \_\_\_\_\_

**DESCRIPTION OF CALLER (check all that apply)**

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Unknown: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

Voice	Speech	Language	Behavior	Background Noises
<input type="checkbox"/> Clean	<input type="checkbox"/> Accented	<input type="checkbox"/> Educated	<input type="checkbox"/> Agitated	<input type="checkbox"/> Airport
<input type="checkbox"/> Distorted	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Foreign	<input type="checkbox"/> Angry	<input type="checkbox"/> Animals
<input type="checkbox"/> Loud	<input type="checkbox"/> Distinct	<input type="checkbox"/> Foul	<input type="checkbox"/> Blaming	<input type="checkbox"/> Baby
<input type="checkbox"/> Muffled	<input type="checkbox"/> Fast	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Calm	<input type="checkbox"/> Birds
<input type="checkbox"/> Nasal	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Irrational	<input type="checkbox"/> Fearful	<input type="checkbox"/> General Noises
<input type="checkbox"/> Pitch-High	<input type="checkbox"/> Lisp	<input type="checkbox"/> Rational	<input type="checkbox"/> Laughing	<input type="checkbox"/> Guns Firing
<input type="checkbox"/> Pitch-Med	<input type="checkbox"/> Slow	<input type="checkbox"/> Slang	<input type="checkbox"/> Nervous	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Pitch-Low	<input type="checkbox"/> Slurred	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Righteous	<input type="checkbox"/> Machinery
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Unintelligible	<input type="checkbox"/> Other:	<input type="checkbox"/> Music
<input type="checkbox"/> Raspy	<input type="checkbox"/> If Accented,	<input type="checkbox"/> If Foreign		<input type="checkbox"/> Party
<input type="checkbox"/> Smooth	Describe:	Describe		<input type="checkbox"/> Quiet
<input type="checkbox"/> Soft				<input type="checkbox"/> Restaurant
<input type="checkbox"/> Squeaky				<input type="checkbox"/> Talking
<input type="checkbox"/> Unclear				<input type="checkbox"/> Tavern / Bar
<input type="checkbox"/> Other				<input type="checkbox"/> Television
				<input type="checkbox"/> Traffic
				<input type="checkbox"/> Train
				<input type="checkbox"/> Typing
				<input type="checkbox"/> Water/Wind
				<input type="checkbox"/> Other

Name of person Receiving Call: \_\_\_\_\_

Phone number Threat was received on: \_\_\_\_\_

Name of possible suspect: \_\_\_\_\_