



# Bomb Threat Checklist

*Don't React to Crisis, Prepare for It*

<b>Date:</b>		<b>Time Received:</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<b>Time Ended:</b>		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Readout on Caller I.D.</b>				<b>Phone # Call Receive On:</b>			
<b>Exact Words of Threat</b>							

**KEEP CALLER ON PHONE AS LONG AS POSSIBLE**

<b>When will it explode?</b>	What day?		What time?		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Where is it located?</b>	Building		Floor		Room
<b>What kind of package?</b>					
<b>What kind of bomb is it?</b>					
<b>What will set it off?</b>					
<b>Did you place the bomb?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How?			
<b>Why are you doing this?</b>					
<b>What's your name?</b>					
<b>What's your address?</b>					
<b>Are you aware it could hurt or kill innocent people?</b>					

Caller Description				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Race	Age	
Background Noise	Language	Manner	Speech	Voice
<input type="checkbox"/> Airport	<input type="checkbox"/> Educated	<input type="checkbox"/> Angry	<input type="checkbox"/> Accent: *	<input type="checkbox"/> Clear
<input type="checkbox"/> Animals	<input type="checkbox"/> Foreign: *	<input type="checkbox"/> Agitated	<input type="checkbox"/> Fast	<input type="checkbox"/> Distorted
<input type="checkbox"/> Baby	<input type="checkbox"/> Foul	<input type="checkbox"/> Blaming	<input type="checkbox"/> Lisp	<input type="checkbox"/> Loud
<input type="checkbox"/> Bar	<input type="checkbox"/> Irrational	<input type="checkbox"/> Calm	<input type="checkbox"/> Message Read	<input type="checkbox"/> Nasal
<input type="checkbox"/> Birds	<input type="checkbox"/> Rational	<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Slow	<input type="checkbox"/> Pitch-High
<input type="checkbox"/> Gunfire	<input type="checkbox"/> Slang	<input type="checkbox"/> Coughing	<input type="checkbox"/> Slurred	<input type="checkbox"/> Pitch-Medium
<input type="checkbox"/> Machinery	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Crying	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Pitch-Deep
<input type="checkbox"/> Music / P.A. Sys.	<input type="checkbox"/> Unintelligible	<input type="checkbox"/> Laughing	*Describe if Accent	<input type="checkbox"/> Raspy
<input type="checkbox"/> Party	*Describe if Foreign	<input type="checkbox"/> Nervous		<input type="checkbox"/> Soft
<input type="checkbox"/> Phone		<input type="checkbox"/> Pleasant		<input type="checkbox"/> Squeaky
<input type="checkbox"/> Quiet		<input type="checkbox"/> Righteous		<input type="checkbox"/> Unclear
<input type="checkbox"/> Restaurant		<input type="checkbox"/> Scared		<input type="checkbox"/> Other:
<input type="checkbox"/> Sirens		<input type="checkbox"/> Other:		Describe Other
<input type="checkbox"/> Talking		Describe 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:				

Received by    Email: Do not delete message    Text: Do not delete text    Note: Handle as little as possible