



BOMB THREAT CHECK LIST

REMEMBER – KEEP CALM – DON'T HANG UP

QUESTIONS TO ASK

1. When is the bomb going to explode?
2. Where is the bomb located?
3. What type of bomb is it?
4. What does it look like?
5. What will cause it to explode?
7. Why?
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 _____

CALLERS VOICE

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

If the voice is familiar, who 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"/> Well spoken/Educated |
| <input type="checkbox"/> Taped message | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Abusive/foul | |
| <input type="checkbox"/> Message read by threat maker | |
| <input type="checkbox"/> 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

Report **IMMEDIATELY** to Chief Warden (Security Office on 49215728 or 49215888 (Emergency Number only)

DO NOT discuss with 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 No.:

DATE: