BOMB THREAT CHECKLIST

Exact time of call______________________________________________________________

Exact words of caller___________________________________________________________

QUESTIONS TO ASK

1. When is the bomb going to explode? ______________________________________

2. Where is the bomb? ______________________________________________________

3. What does it look like? ____________________________________________________

4. What kind of bomb is it? __________________________________________________

5. What will cause it to explode? _____________________________________________

6. Did you place the bomb? _________________________________________________

7. Why? __________________________________________________________________

8. Where are you calling from? ______________________________________________

9. What is your address? _____________________________________________________

10. What is your name? _____________________________________________________

CALLER’S VOICE (circle) Male Female

Calm Disguised Nasal Angry Broken

Stutter Slow Sincere Lisp Rapid

Giggling Deep Crying Squeaky Excited

Stressed Accent Loud Slurred Normal

If voice is familiar, whom did it sound like? _______________________________________

Were there any background noises? ______________________________________________

Person receiving call: _________________________________________________________

Date:__________________________Telephone number call received at:__________________

REPORT CALLS IMMEDIATELY TO: TPD AT 9-1-1 and Campus Safety & Security 2-4888

Checklist 3: Bomb Threat Checklist