

BOMB THREAT CHECKLIST

_____ A.M. or P.M. Date _____ Received by _____

Location of Bomb (Building #, Floor, Other) _____

Time bomb set to explode: _____ Call on Tape: ___ yes ___ no

Statement of Caller: _____

Voice Characteristics: Loud ___ Soft ___ High ___ Deep ___ Pleasant ___

Speech Characteristics: Fast ___ Slow ___ Intoxicated ___ Stutter ___

Other _____

Accent Characteristics: Local ___ Region ___ Foreign ___ Race ___

Other _____

Manner of Caller: Calm ___ Angry ___ Deliberate ___ Emotional ___

Other _____

Background Noises: Quiet ___ Loud ___ Machines ___ Traffic ___ Music ___

Other _____

Caller's Identity: Sex _____ Age(?) _____ Disguised (?) _____

Origin of Caller: Local ___ Long Distance ___ Internal ___ External ___

Did caller appear familiar with plan? Yes ___ No ___

Order of Notifications

Security Director: Time _____

Police Department: Time _____

NOTE: CONTINUE CALLING UNTIL SOMEONE IS REACHED

Officer's Name: _____