

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