

BOMB THREAT CHECKLIST

REMEMBER – KEEP CALM – DON'T HANG UP – KEEP CALLER TALKING FOR AS LONG AS POSSIBLE

Questions to ask

1. When is the bomb going to explode?

2. Where did you put the bomb?

3. When did you put it there?

4. What kind of bomb is it?

5. What does the bomb look like?

6. What will make the bomb explode?

7. Why did you place the bomb?

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 _____

Caller's 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"/> Speech type |
| <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 Emergency Services **999**.

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: ____ / ____ / ____
