

# BOMB THREAT CHECKLIST

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TIME CALLER HUNG UP: \_\_\_\_\_  
PHONE NUMBER WHERE CALL WAS RECEIVED: \_\_\_\_\_

## Questions for the Caller:

Where is the bomb located? (building, floor, room, etc.) \_\_\_\_\_ When will it go off? \_\_\_\_\_  
What does it look like? \_\_\_\_\_ What kind of bomb is it? \_\_\_\_\_  
What will make it explode? \_\_\_\_\_ Did you place the bomb? Yes No  
What is your name? \_\_\_\_\_ Are you an employee or student? \_\_\_\_\_  
Exact Words of Threat: \_\_\_\_\_ Information About Caller: \_\_\_\_\_  
Where is the caller located? \_\_\_\_\_ Estimated age: \_\_\_\_\_  
Is voice familiar? \_\_\_\_\_ If so, who does it sound like? \_\_\_\_\_  
Other important information: \_\_\_\_\_

## Caller's Voice:

- |  |                                    |   |                                   |                                  |
|--|------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Female          | <input type="checkbox"/> Male      | <input type="checkbox"/> Accent         | <input type="checkbox"/> Angry    | <input type="checkbox"/> Calm    |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Coughing  | <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Crying   | <input type="checkbox"/> Deep    |
| <input type="checkbox"/> Heavy Breathing | <input type="checkbox"/> Disguised | <input type="checkbox"/> Distinct       | <input type="checkbox"/> Laughter | <input type="checkbox"/> Lisp    |
| <input type="checkbox"/> Loud/Excited    | <input type="checkbox"/> Nasal     | <input type="checkbox"/> Normal         | <input type="checkbox"/> Ragged   | <input type="checkbox"/> Rapid   |
| <input type="checkbox"/> Raspy           | <input type="checkbox"/> Slow      | <input type="checkbox"/> Slurred        | <input type="checkbox"/> Soft     | <input type="checkbox"/> Stutter |

## Background Sounds:

- |   |  |  |                                       |                                 |
|---|--|--|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Animal Noise     | <input type="checkbox"/> House Noise       | <input type="checkbox"/> Kitchen Noise | <input type="checkbox"/> Street Noise | <input type="checkbox"/> Booth  |
| <input type="checkbox"/> PA System        | <input type="checkbox"/> Conversation      | <input type="checkbox"/> Music         | <input type="checkbox"/> Motor        | <input type="checkbox"/> Clear  |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Long Distance | <input type="checkbox"/> Local        | <input type="checkbox"/> Static |

## Threat Language:

- |                                      |                                       |  |                                     |                                  |
|--------------------------------------|---------------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Incoherent  | <input type="checkbox"/> Message Read | <input type="checkbox"/> Taped Message | <input type="checkbox"/> Irrational | <input type="checkbox"/> Profane |
| <input type="checkbox"/> Well-Spoken |                                       |  |                                     |                                  |