

BOMB THREAT CHECKLIST

Name of person receiving call: _____

Date of call: _____ Time: _____ () am () pm

Questions to ask:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What kind of bomb is it?
4. What does it look like?
5. Why did you place the bomb?

Origin of call:

Local () Long Distance () Cell Phone () Internal ()

Identity of Caller:

Voice:

<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Fast	<input type="checkbox"/> Slow	<input type="checkbox"/> other _____
<input type="checkbox"/> High Pitch	<input type="checkbox"/> Deep	<input type="checkbox"/> Distant	<input type="checkbox"/> Distorted	
<input type="checkbox"/> Raspy	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Stutter	<input type="checkbox"/> Good	
<input type="checkbox"/> Nasal	<input type="checkbox"/> Poor	<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Foul	

Accent:

<input type="checkbox"/> Local	<input type="checkbox"/> Foreign
<input type="checkbox"/> Regional	<input type="checkbox"/> Rational

Manner:

<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Irrational	<input type="checkbox"/> Emotional
<input type="checkbox"/> Coherent	<input type="checkbox"/> Deliberate	
<input type="checkbox"/> Nervous Laugh	<input type="checkbox"/> Self-Righteous	

Background Noise:

<input type="checkbox"/> Office Machines	<input type="checkbox"/> Trains
<input type="checkbox"/> Factory Machine	<input type="checkbox"/> Music (
<input type="checkbox"/> Animals	<input type="checkbox"/> Quiet
<input type="checkbox"/> Airplanes	<input type="checkbox"/> Voices
<input type="checkbox"/> Street Traffic	<input type="checkbox"/> Other _____