

Bomb Threat Checklist

NOTIFY PUBLIC SAFETY IMMEDIATELY (610) 436-3311

NUMBER AT WHICH CALL IS RECEIVED _____ DATE _____

TIME CALL RECEIVED _____ A.M. P.M. TIME CALLER HUNG UP _____ A.M. P.M.

EXACT WORDS OF CALLER:

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 THE BOMB LOOK LIKE? _____

5. WHAT WILL CAUSE IT TO EXPLODE? _____

6. WHY WAS THE BOMB PLACED THERE? _____

7. WHO CLAIMS RESPONSIBILITY FOR THE BOMB? _____

DESCRIPTION OF CALLER'S VOICE:

SEX _____ AGE RANGE _____

ACCENT

WAS THE VOICE FAMILIAR? _____

IF SO, WHO DID IT SOUND LIKE? _____

ON THE BACK OF THIS SHEET, PLEASE CHECK APPROPRIATE CATEGORIES
CONCERNING CALLER'S VOICE, BACKGROUND NOISES AND THREAT LANGUAGE.

CHECK OFF ANY/ALL DESCRIPTIONS OF CALLER'S VOICE THAT MAY APPLY:

- | | | | |
|---------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> SOFT | <input type="checkbox"/> LOUD | <input type="checkbox"/> SLURRED | <input type="checkbox"/> STUTTER |
| <input type="checkbox"/> SLOW | <input type="checkbox"/> RAPID | <input type="checkbox"/> NASAL | <input type="checkbox"/> RASPY |
| <input type="checkbox"/> ANGRY | <input type="checkbox"/> CALM | <input type="checkbox"/> LISP | <input type="checkbox"/> CRACKING |
| VOICE | | | |
| <input type="checkbox"/> CRYING | <input type="checkbox"/> LAUGHTER | <input type="checkbox"/> DISGUISED | <input type="checkbox"/> DISTINCT |
| <input type="checkbox"/> NORMAL | <input type="checkbox"/> EXCITED | <input type="checkbox"/> CLEARING THROAT | <input type="checkbox"/> DEEP |
| BREATHING | | | |

CHECK OFF ANY/ALL BACKGROUND AND/OR UNUSUAL SOUNDS THAT MAY APPLY:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> CLEAR | <input type="checkbox"/> STREET NOISES |
| <input type="checkbox"/> STATIC | <input type="checkbox"/> HOUSE NOISES |
| <input type="checkbox"/> VOICES | <input type="checkbox"/> RESTAURANT NOISES |
| <input type="checkbox"/> MOTOR | <input type="checkbox"/> FACTORY MACHINERY |
| <input type="checkbox"/> MUSIC | <input type="checkbox"/> OFFICE MACHINERY |
| <input type="checkbox"/> P.A. SYSTEM | <input type="checkbox"/> LONG DISTANCE |

CHECK OFF ANY/ALL THAT MAY APPLY TO THE THREAT LANGUAGE:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> WELL SPOKEN (EDUCATED) | <input type="checkbox"/> FOUL |
| <input type="checkbox"/> INCOHERENT | <input type="checkbox"/> IRRATIONAL |
| <input type="checkbox"/> MESSAGE READ BY THREAT MAKER | <input type="checkbox"/> TAPED |

REMARKS: _____

REPORT CALL TO PUBLIC SAFETY IMMEDIATELY (610) 436-3311

Name _____ Campus Phone Number _____

Department/Position _____