

BOMB THREAT CHECKLIST

DO NOT HANG UP! Person Receiving Call Completes the Following:

<input type="checkbox"/>	Date & Time call received:		
<input type="checkbox"/>	Exact words of person making threat. Ask caller to repeat what he or she said: "I'm sorry, could you repeat that?"		
<input type="checkbox"/>	Questions to ask caller:		
	1. When is the bomb going to explode?		
	2. Where is it right now?		
	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. What is your address?		
	9. What is your name?		
<input type="checkbox"/>	Sex of Caller: M/F	<input type="checkbox"/>	Age:
<input type="checkbox"/>	Accent:	<input type="checkbox"/>	Length of call:
<input type="checkbox"/>	Caller's voice: Check all that are appropriate.		
	<input type="checkbox"/> Calm	<input type="checkbox"/> Laughing	<input type="checkbox"/> Lisp
	<input type="checkbox"/> Angry	<input type="checkbox"/> Crying	<input type="checkbox"/> Raspy
	<input type="checkbox"/> Excited	<input type="checkbox"/> Normal	<input type="checkbox"/> Deep
	<input type="checkbox"/> Slow	<input type="checkbox"/> Distinct	<input type="checkbox"/> Ragged
	<input type="checkbox"/> Rapid	<input type="checkbox"/> Slurred	<input type="checkbox"/> Nasal
	<input type="checkbox"/> Deep	<input type="checkbox"/> Stutter	<input type="checkbox"/> Cracking
	<input type="checkbox"/> Familiar? Whom did it sound like?		
<input type="checkbox"/>	Background Sounds: Check all that are appropriate.		
	<input type="checkbox"/> Street noises	<input type="checkbox"/> House noises	<input type="checkbox"/> Dishes banging
	<input type="checkbox"/> Children's voices	<input type="checkbox"/> Static	<input type="checkbox"/> Adult voices
	<input type="checkbox"/> Local call	<input type="checkbox"/> Long Distance	<input type="checkbox"/> PA Systems
	<input type="checkbox"/> Factory noises	<input type="checkbox"/> Rapid	<input type="checkbox"/> Phone booth
<input type="checkbox"/>	Language used: Check all that are appropriate:		
	<input type="checkbox"/> Educated	<input type="checkbox"/> Irrational	<input type="checkbox"/> Message Read
	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Message	<input type="checkbox"/> Foul/Swearing
<input type="checkbox"/>	Other: Use this place to write anything else not covered above:		
<input type="checkbox"/>	Name of Employee taking call:		
	<input type="checkbox"/> Position:	<input type="checkbox"/> Department:	
	<input type="checkbox"/> Work Phone:	<input type="checkbox"/> Date:	