

Bomb Threat Checklist

Immediately upon receipt of a bomb threat **first** call Property Management and **second**, complete this form and take it to Property Management or Security Desk as soon as possible.

Time and Date of this Report:

Time and Date Bomb Threat Received:

How Received:

Exact Words of the Caller:

Caller's Name and Address (if known):

Sex: Male Female

Age: Adult Child

Bomb Facts:

- a. When will it go off?
- b. Building
- c. Exact Location

Voice Characteristics:

Tone

- Loud
- Soft
- High Pitch
- Low Pitch
- Stutter

Speech

- Fast
- Slow
- Distorted
- Cursing
- Pleasant
- Lisp
- Disguised
- Poor

Language

- Excellent
- Good
- Fair
- Raspy
- Nasal

Accent

- Hispanic
- Caucasian
- Foreign
- Other

Manner

- Poor Grammar
- Well Spoken
- Taped
- Message Read

- Rational
- Irrational
- Deliberate
- Laughing

Background Noise:

- | | |
|---|---|
| <input type="checkbox"/> Office Machine | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Factory Machines | <input type="checkbox"/> Music |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Radios | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Party | <input type="checkbox"/> Street Traffic |
| <input type="checkbox"/> Static | <input type="checkbox"/> Airplanes |
| <input type="checkbox"/> Cellular Phones | <input type="checkbox"/> Trains |