



Bomb Threat Checklist Form

Log Call
<input type="checkbox"/> 1. Date reported:
<input type="checkbox"/> 2. Time reported:
<input type="checkbox"/> 3. How reported:
<input type="checkbox"/> 4. Exact words of caller: _____ _____ _____
Ask Questions
<input type="checkbox"/> 5. When is bomb going to explode?
<input type="checkbox"/> 6. Where is bomb right now?
<input type="checkbox"/> 7. What kind of bomb is it?
<input type="checkbox"/> 8. What does it look like?
<input type="checkbox"/> 9. Why did you place the bomb?
<input type="checkbox"/> 10. Where are you calling from?
Identify Characteristics
<input type="checkbox"/> 11. Description of caller's voice: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Young <input type="checkbox"/> Middle Age <input type="checkbox"/> Old <input type="checkbox"/> Accent
<input type="checkbox"/> 12. Tone of voice: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Speech problem <input type="checkbox"/> Hostile
<input type="checkbox"/> 13. Background noise:
<input type="checkbox"/> 14. Time caller hung up:
<input type="checkbox"/> 15. Remarks: _____ _____
Recipient
<input type="checkbox"/> 16. Name of recipient:
<input type="checkbox"/> 17. Address of recipient:
<input type="checkbox"/> 18. Phone number of recipient