

# BOMB THREAT CHECKLIST

## Remain calm. Don't panic

### Questions to ask

1. When is the bomb going to explode?
2. Where did you put the bomb?
3. When did you put it there?
4. What kind of bomb is it?
5. What does the bomb look like?
6. What will make the bomb explode?
7. Why did you place the bomb?
8. Where are you?
9. What is your name?
10. What is your address?

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## Exact Wording of Threat

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## Information on caller

Sex \_\_\_\_\_ Age \_\_\_\_\_

Length of call \_\_\_\_\_

### Caller's voice

- |  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Calm            | <input type="checkbox"/> Angry      | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Slow            | <input type="checkbox"/> Rapid      | <input type="checkbox"/> Soft    |
| <input type="checkbox"/> Loud            | <input type="checkbox"/> Laughing   | <input type="checkbox"/> Crying  |
| <input type="checkbox"/> Normal          | <input type="checkbox"/> Distinct   | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Intoxicated     | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Lisp    |
| <input type="checkbox"/> Cracking voice  | <input type="checkbox"/> Deep       | <input type="checkbox"/> Ragged  |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Disguised  | <input type="checkbox"/> Accent  |
| <input type="checkbox"/> Deep breathing  | <input type="checkbox"/> Familiar   | <input type="checkbox"/> Raspy   |

If the voice is familiar, who did it sound like? \_\_\_\_\_

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## Action on call

Number call received at \_\_\_\_\_

Recipient \_\_\_\_\_

Time \_\_\_\_\_ am/pm Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Call reported to \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Threat language

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Incoherent    | <input type="checkbox"/> Speech type |
| <input type="checkbox"/> Taped message | <input type="checkbox"/> Irrational  |
| <input type="checkbox"/> Abusive/foul  |                                      |

- Message read by threat maker
- Other \_\_\_\_\_

**Background noises**

- Street noises
- Crockery
- Voices
- PA system
- Music
- Motor noises
- Public phone
- STD call
- Other \_\_\_\_\_
- Factory machinery
- Animal noises
- Clear
- Static
- House noises
- Office machinery
- Local call
- Aircraft

**Remarks**

**Instructions**

**Report IMMEDIATELY to University Security on 8201 2880.**

**DO NOT** discuss with other staff.

**DO NOT** return to the area until advised by the Chief Warden, Deputy Chief Warden or Building Warden.

**IMMEDIATELY** after receipt of the call, please complete this form.

NAME		POSITION	
Telephone No.		Date	