BOMB THREAT CHECKLIST

Date of Conversation ____________________________________________________________

Telephone Number Called ________________________________________________________

Location of Telephone Called _____________________________________________________

Precise Time of Call ______________Call Received By ________________________________

Did Caller Ask for a Specific Person: ☐ Yes ☐ No

If Yes, for whom did the caller ask? ________________________________________________

Note the Following Promptly:

Caller is: ☐ Male ☐ Female Approximate Age: __________

Voice: ☐ High Pitched ☐ Deep ☐ Low Pitched
☐ Calm ☐ Excited ☐ Normal
☐ Strong, Solid ☐ Stammering ☐ Disguised
☐ Recorded ☐ Influenced by Drugs/Alcohol

Language: ☐ Dialect/Accent ☐ American English, No Accent
☐ Other Language ☐ Speech Difficulties

Background Noises: ☐ Voices ☐ Music ☐ Traffic
☐ Machines ☐ Train ☐ Aircraft
☐ Children ☐ Other: ______________________________________________

Additional Remarks:________________________________________________________________________

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