

Bomb Threat Checklist (Form)

Exact time of call: _____ Date: _____

Exact words of caller: _____

Questions To Ask:

When is bomb going to explode? _____

Where is the bomb? _____

What does it look like? _____

What kind of bomb is it? _____

What will cause it to explode? _____

Did you place the bomb? _____

Why? _____

Where are you calling from? _____

What is your address? _____

What is your name? _____

Caller's Voice (circle all that apply):

- | | | | | |
|----------|-----------|---------|---------|---------|
| Calm | Disguised | Nasal | Angry | Broken |
| Stutter | Slow | Sincere | Lisp | Rapid |
| Giggling | Deep | Crying | Squeaky | Excited |
| Stressed | Accent | Loud | Slurred | Normal |

If the voice is familiar, whom did it sound like? _____

Were there any background noises? Yes No

-Remarks: _____

Person that received call: _____

Telephone number call received at: _____