

Bomb Threat Question Sheet

El Dorado

Call 911 immediately. If possible, have someone else call 911 during the call. After calling 911, immediately contact the Office of the Building at 520.323.5186 and 520.631.1049.

All employees, especially those answering phones, should keep a copy of this checklist on their desk or near their phone at all times in the event a bomb threat is received.

Questions to Ask

When is the bomb going to explode?	
Where is it right now?	
What does it look like?	
What kind of bomb is it?	
What will cause it to explode?	
Did you place the bomb?	
Why?	
What is your name?	
What is your address?	

Exact Words Used By Caller

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Description of Caller

Sex:	Race:	Age:
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Description of Call

# at which call was received:	Time:	Date:
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Caller's Voice

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Crying | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Normal | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Distinct | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Slurred | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Nasal | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Stutter | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Lisp | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Raspy | <input type="checkbox"/> Familiar |

If voice was familiar, who did it sound like?

Background Sounds

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Street Noise | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> Crockery | <input type="checkbox"/> Music | <input type="checkbox"/> Office Machinery |
| <input type="checkbox"/> PA System | <input type="checkbox"/> House Noises | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Motor | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Machinery | <input type="checkbox"/> Static | <input type="checkbox"/> Other: |

Threat Language

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Well-Spoken (Educated) | <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Message Read |

Name:	Position:
Phone #:	Date: