

ATTACHMENT B

Bomb Threat Checklist for Phoned Threats

Exact message received:

Name of person receiving call:	Time:	Date:
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Caller's Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Approximate age:
Origin of call (if you can tell or ask):	<input type="checkbox"/> Local <input type="checkbox"/> Long Distance	<input type="checkbox"/> Booth <input type="checkbox"/> Cell Phone	<input type="checkbox"/> Internal (from within building)
Vocal Characteristics:	<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Pleasant	<input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy	<input type="checkbox"/> Intoxicated <input type="checkbox"/> Other
Speech:	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct	<input type="checkbox"/> Distorted <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred	<input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Other
Language:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Foul <input type="checkbox"/> Other
Accent:	<input type="checkbox"/> Local <input type="checkbox"/> Not local	<input type="checkbox"/> Regional <input type="checkbox"/> Foreign	<input type="checkbox"/> Other
Manner:	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing	<input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Belligerent <input type="checkbox"/> Righteous	<input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent
Background noises:	<input type="checkbox"/> Machinery <input type="checkbox"/> Trains <input type="checkbox"/> Street <input type="checkbox"/> Office Machines	<input type="checkbox"/> Quiet <input type="checkbox"/> Music <input type="checkbox"/> Voices <input type="checkbox"/> Party Atmosphere	<input type="checkbox"/> Bedlam <input type="checkbox"/> Animals <input type="checkbox"/> Other

QUESTIONS TO ASK:

1. When is the bomb going to explode? When will the device function? When will the release occur?
2. What is the material involved? How much material is involved?
3. Where is it right now?
4. What does it look like? What kind of device is it?
5. What will cause the device to function?
6. Did you place the device? Why? Are there additional devices?
7. What is your name? Where are you? What is your address?