

Bomb Threat Checklist

Date: _____ Time: _____

Time Caller Hung Up: _____ Phone No. where call received _____

• Where is the bomb located? _____
(Building, Room, etc.)

• When will it go off? _____

• What kind of bomb is it/looks like? _____

• What will make it explode? _____

• Did you place the bomb? Yes/No • Why?

• What is your name? _____ Age? _____

• Is the voice familiar? _____

• Where is the caller located? _____

(background and level of noise)

Background Sounds	Threat Language	Caller's Voice
Animal Noises	Incoherent	Accent/Distinct
House Noises	Scripted	Angry/Calm
Street Noises	Taped	Clearing Throat
Booth	Irrational	Coughing
PA System	Profane	Cracking Voice
Conversation	Well-Spoken	Crying
Music		Deep Breathing
Motor		Disguised
Clear		Excited
Office Machinery		Male/Female
Factory Machinery		Laughter
Local		Lisp
Long Distance		Loud
		Nasal/Raspy/Normal
		Ragged/Raspy
		Rapid/Slow
		Slurred/Stutter