

BOMB THREAT FORM

Signal another employee to carefully pick up the same line on another extension and quietly take notes while you ask the following questions.

Record Exact Words of Threat _____ -

ABOUT THE BOMB

1. Where is the bomb?

2. What time will the bomb explode? -

3. What does the bomb look like?

4. What kind of bomb is it?

5. What will cause the bomb to explode?

6. How can the bomb be disarmed?

7. Who planted the bomb?

8. Why was the bomb planted?

9. Will you give your name?

ABOUT THE CALLER

Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female				
Manner:	<input type="checkbox"/>	Calm	<input type="checkbox"/>	Rational	<input type="checkbox"/>	Angry	<input type="checkbox"/>	Deranged
Speech:	<input type="checkbox"/>	Accent	<i>Type</i>					
	<input type="checkbox"/>	Impediment	<input type="checkbox"/>	<i>Type</i>				
Voice:	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Soft				
	<input type="checkbox"/>	Raspy	<input type="checkbox"/>	Disguised	<input type="checkbox"/>	Intoxicated	<input type="checkbox"/>	Crying
	<input type="checkbox"/>	Familiar	Who?					

BACKGROUND SOUNDS

- Voices Music Street T.V. Animal
 Machinery Traffic Talking Static
 Other

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THREAT LANGUAGE

- Well spoken Irrational Foul Taped
 Incoherent Was message read?

Call rec'd at Tel.#: _____ Date: _____

Name: _____

Tenant: _____ Floor: _____

Time of Call: _____ Length of Call: _____

REPORT CALL IMMEDIATELY