BOMB THREAT CHECKLIST

	ormation with the checklist be	elow.	t quickly,		
Date:	Time:	-			
Phone Number Where Cal	l Received:		_		
Time Caller Hung Up:					
ASK CALLE	R				
Where is the bomb	o threat located? (Building, flo	oor, room, etc.)			
When will it go off?					
What does it look I	ike?				
What kind of bomb	is it?				
What will make the	bomb explode?				
Did you place the I	oomb?				
Yes No	כ				
• Why?					
EXACT WOF	RDS OF THREAT				
THREAT LA	NGUAGE				
Incoherent	Message read	Taped message			
Irrational	Profane	Well spoken			

INFORMATION ABOUT CALLER

Where is the caller loc	cated? (background/le	vel of noise)	
Estimated age?Is voice familiar? If so		ke?	
No			
Yes			
Caller's voice male or Female Male	female?		
Accent	Angry	Calm	
Clearing throat	Coughing	Cracking voice	
Crying	Deep	Deep breathing	
Disguised	Distinct	Excited	
Laughter	Lisp	Loud	
Nasal	Normal	Ragged	
Rapid	Slow	Slurred	
Soft	Stutter		
BACKGROUNI	O SOUNDS		
Animal noises	House noises	Kitchen noises	
Street noises	Booth	PA system	
Conversation	Music	Motor	
Clear	Static	Office machinery	
Factory machinery	Local	Long Distance	
OTHER INFOR	MATION		

^{*}Reference source: Cybersecurity & Infrastructure Security Agency (CISA) Office for Bombing Prevention