



BOMB THREAT CHECKLIST

INSTRUCTIONS: When a bomb threat comes into your work area by telephone, print this sheet and fill it out.

Step One: CALL COMES IN					
Date		Exact Time		Length of Call	

Step Two: QUESTIONS TO ASK	
1. When is the bomb to explode?	
2. Where is the bomb located?	
3. What does it look like?	
4. What kind of bomb is it?	
5. What will cause it to explode?	
6. Did you place the bomb?	
7. Why?	
8. Where are you calling from?	
9. What is your address?	
10. What is your name?	

Step Three: DESCRIPTION OF CALLER					
Sex of caller	<i>Male</i> <i>Female</i>	Race		Age	
Description of caller's voice					
<input type="checkbox"/> Calm	<input type="checkbox"/> Slow	<input type="checkbox"/> Crying	<input type="checkbox"/> Slurred	<input type="checkbox"/> Stutter	
<input type="checkbox"/> Deep	<input type="checkbox"/> Loud	<input type="checkbox"/> Broken	<input type="checkbox"/> Giggling	<input type="checkbox"/> Accented	
<input type="checkbox"/> Angry	<input type="checkbox"/> Rapid	<input type="checkbox"/> Stressed	<input type="checkbox"/> Nasal	<input type="checkbox"/> Lisp	
<input type="checkbox"/> Excited	<input type="checkbox"/> Disguised	<input type="checkbox"/> Sincere	<input type="checkbox"/> Squeaky	<input type="checkbox"/> Normal	
Description of Threat Language					
<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Taped Recorded	<input type="checkbox"/> Message read by caller	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Foul / Irrational	
If voice is familiar, whom did it sound like?					

Step Four: BACKGROUND NOISES				
<input type="checkbox"/> Street noise	<input type="checkbox"/> Crockery	<input type="checkbox"/> Voices	<input type="checkbox"/> PA System	<input type="checkbox"/> Music
<input type="checkbox"/> House Noises	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Motors (car/bike)	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Factory Machinery
<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Clear/No Noise	<input type="checkbox"/> Static	<input type="checkbox"/> Local	<input type="checkbox"/> Telephone Booth
Any other background noises?				

Step Five: YOUR INFORMATION			
Your Name		Your Position	
Telephone number call was received		Building/office call was received	

Step Six: CALL UNIVERSITY POLICE
<ul style="list-style-type: none"> Call 911 or 4911 from a campus telephone Call 458-4242 from an off-campus telephone

KEEP THIS FORM AND GIVE TO THE RESPONDING UTSA POLICE OFFICER!

Write down any other important information about the call on the reverse side of this sheet.