



AFDP BOMB THREAT CHECKLIST

IF YOU RECEIVE A TELEPHONE BOMB THREAT

1. Listen carefully. Be polite and show interest. Try to keep the caller talking so that you can gather more information about the device, the validity of the threat, or the identity of the caller. Listen carefully for background noises.
2. Notify a supervisor or co-worker and have them immediately dial 911 to notify emergency responders.
3. Note the phone number of the caller if your telephone has call display.
4. Gather as much information as possible, Use the checklist and ask questions in a polite and non-threatening manner. **WRITE DOWN THE EXACT WORDS OF THE CALLER AND ANY THREATS.**
5. Upon completion of the call be sure police have been notified. Complete the checklist while the call is still fresh in your memory.
6. Remain available to answer questions from responding officers.
7. If the threat was received by another individual and he/she is relaying information to you, use the checklist to gather as much information as possible.

The form below is for note taking and printing purposes only.

Date of Call:	Phone Number of Caller:
Time Call Received: <input type="checkbox"/> AM <input type="checkbox"/> PM :	Time Call Concluded: <input type="checkbox"/> AM <input type="checkbox"/> PM :
Person Receiving Call:	Phone # Call Received on:

What were the EXACT WORDS of the caller? Ask them to repeat the message if necessary.

Ask the following questions on the phone:



- 1. When is the bomb going to explode? (after ___ hours/minutes/seconds)**
- 2. Where exactly is the bomb?**
- 3. Did you place the bomb? (Yes / No)**
- 4. When did you put it there?**
- 5. What does the bomb look like?**
- 6. What kind of bomb is it?**
- 7. What will make the bomb explode?**
- 8. Why did you place the bomb?**
- 9. What is your name?**
- 10. Where are you?**
- 11. What is your address?**
- 12. Are you aware that it could kill or injure innocent people in addition to those you intend to hurt?**



Fill in the following information on completion of the call:

Characteristics of the call:

Call originations:	<input type="checkbox"/> Local	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Unknown
Message:	<input type="checkbox"/> Live	<input type="checkbox"/> Recorded	<input type="checkbox"/> Message read by caller	
Sex of Caller:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown	
Estimated Age:	<input type="checkbox"/> Child/Teen	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Middle Aged Adult	<input type="checkbox"/> Older Adult
Comments:				

Voice Qualities:

<input type="checkbox"/> Clear	<input type="checkbox"/> Distorted/Muffled	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Pitch-High	<input type="checkbox"/> Pitch-Low/Deep
<input type="checkbox"/> Raspy	<input type="checkbox"/> Smooth	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Unpleasant		
Comments:					

Speech Pattern:

<input type="checkbox"/> Deliberate	<input type="checkbox"/> Fast	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Slow	<input type="checkbox"/> Distinct	<input type="checkbox"/> Slurred
<input type="checkbox"/> Speech Impediments (Describe)					
<input type="checkbox"/> Accent (Describe)					
Comments:					

Language:

<input type="checkbox"/> Educated	<input type="checkbox"/> Irrational	<input type="checkbox"/> Uneducated	<input type="checkbox"/> English	<input type="checkbox"/> Well-Spoken	<input type="checkbox"/> Non-English
<input type="checkbox"/> Foul	<input type="checkbox"/> Unusual Phrases/Slang	<input type="checkbox"/> Rational			
Comments:					

Behaviors:

<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Confident	<input type="checkbox"/> Nervous	<input type="checkbox"/> Blaming	<input type="checkbox"/> Fearful	<input type="checkbox"/> Depressed
<input type="checkbox"/> Agitated	<input type="checkbox"/> Laughing	<input type="checkbox"/> Crying				
Comments:						



Background sounds:

<input type="checkbox"/> Airport/Airplanes	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Train	<input type="checkbox"/> Animals/Birds	
<input type="checkbox"/> PA System	<input type="checkbox"/> Traffic/Street	<input type="checkbox"/> Children	<input type="checkbox"/> Quiet	<input type="checkbox"/> Factory Machinery
<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Weapons	<input type="checkbox"/> House Noises	<input type="checkbox"/> Talking/Voices	
<input type="checkbox"/> Music	<input type="checkbox"/> Television			

Comments:

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Observations/Comments:

Did you recognize the voice? Who do you think it is?
Did the caller indicate in-depth knowledge of the facility?
Did the caller attempt to disguise their voice?
Comments:

This Checklist Communicated to Employees at the Workplace? Yes No

Completed by	Signature	Date
Name of Supervisor	Signature of Supervisor	Date
Name of Manager	Signature of Manager	Date