

**Bomb Threat Checklist**  
**Our Lady of Holy Cross College**

Be calm and courteous. LISTEN. Do not interrupt the caller. Complete this form during the call or as soon as possible after the caller has hung up. Notify supervisor and call 911.

Date: \_\_\_\_\_ Time of call: \_\_\_\_\_ am/pm Length of call: \_\_\_\_\_  
Number at which call was received \_\_\_\_\_ By whom: \_\_\_\_\_

**Questions to ask:**

- 1) When is the bomb going to explode? \_\_\_\_\_
- 2) Where is it right now? \_\_\_\_\_
- 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) What is your name? \_\_\_\_\_
- 9) What is your address? \_\_\_\_\_
- 10) What is your phone number? \_\_\_\_\_

**Exact words of caller:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the caller seem familiar with the building?  Yes  No

<p><b>Voice tone:</b></p> <p><input type="checkbox"/> Loud</p> <p><input type="checkbox"/> Soft</p> <p><input type="checkbox"/> Whispered</p> <p><input type="checkbox"/> High pitch</p> <p><input type="checkbox"/> Deep</p> <p><input type="checkbox"/> Raspy</p> <p><input type="checkbox"/> Pleasant</p> <p><input type="checkbox"/> Intoxicated</p> <p><input type="checkbox"/> Other _____</p> <p><b>Manner:</b></p> <p><input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Angry</p> <p><input type="checkbox"/> Rational</p> <p><input type="checkbox"/> Irrational</p> <p><input type="checkbox"/> Coherent</p> <p><input type="checkbox"/> Incoherent</p> <p><input type="checkbox"/> Emotional</p> <p><input type="checkbox"/> Laughing</p> <p><input type="checkbox"/> Deliberate</p> <p><input type="checkbox"/> Righteous</p> <p><input type="checkbox"/> Nervous/Excited</p>	<p><b>Speech Pattern:</b></p> <p><input type="checkbox"/> Fast</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Distinct</p> <p><input type="checkbox"/> Distorted</p> <p><input type="checkbox"/> Nasal</p> <p><input type="checkbox"/> Lisp</p> <p><input type="checkbox"/> Stutter</p> <p><input type="checkbox"/> Slurred</p> <p><input type="checkbox"/> Other _____</p> <p><b>Ethnicity/Race:</b></p> <p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other _____</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Unable to determine</p>	<p><b>Language/Grammar:</b></p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Foul</p> <p><input type="checkbox"/> Accent</p> <p><input type="checkbox"/> Other _____</p> <p><b>Phone:</b></p> <p><input type="checkbox"/> Local</p> <p><input type="checkbox"/> Long distance</p> <p><input type="checkbox"/> Booth</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Static</p> <p><input type="checkbox"/> Cell phone</p> <p><input type="checkbox"/> Inside building</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Background sounds:</b></p> <p><input type="checkbox"/> Airplane</p> <p><input type="checkbox"/> Animal noises</p> <p><input type="checkbox"/> Bedlam</p> <p><input type="checkbox"/> Crockery</p> <p><input type="checkbox"/> Factory</p> <p><input type="checkbox"/> Machinery</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Office machines</p> <p><input type="checkbox"/> PA System</p> <p><input type="checkbox"/> Party Atmosphere</p> <p><input type="checkbox"/> Quiet</p> <p><input type="checkbox"/> Street traffic</p> <p><input type="checkbox"/> Television</p> <p><input type="checkbox"/> Trains</p> <p><input type="checkbox"/> Voices – adult</p> <p><input type="checkbox"/> Voices – children</p> <p><input type="checkbox"/> Other _____</p>
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Call reported to: Name \_\_\_\_\_ Position \_\_\_\_\_