

BOMB THREAT PROCEDURES

This quick reference checklist is designed to help employees and supervisors respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. If you are the one receiving the threat, act quickly, but remain calm and obtain information utilizing the below information.

IF A BOMB THREAT IS RECEIVED BY PHONE:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to **CALL 911** or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

IF A BOMB THREAT IS RECEIVED BY NOTE:

- Call 911 or Notify University Police
- Handle note as minimally as possible.

IF A BOMB THREAT IS RECEIVED BY EMAIL:

- Call 911 or Notify University Police
- Do not delete the message.

IF YOU RECEIVE A SUSPICIOUS PACKAGE:

Call 911 or Notify University Police

DO NOT:

- Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

Signs of a Suspicious Package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Unknown postage
- Restrictive notes

CONTACT UNIVERSITY POLICE

- **By calling 911**
- **Follow guidance of the dispatcher**

If this sheet is used during an incident DO NOT discard it. Please turn it over to responding Law Enforcement to assist them in their investigation.



BOMB THREAT CHECKLIST

DATE: _____

PHONE NUMBER OF CALLER: _____

TIME OF CALL: _____

TIME CALLER

NUMBER CALL RECVD ON: _____

HUNG UP: _____

Ask Caller:

- Where is the bomb located? (building, floor, room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (background/level of noise)
- Estimated age:
- Is voice familiar? If so, who does it sound like?
- Other points:

Caller's Voice	Background Sounds	Threat Language
<input type="checkbox"/> Female	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Male	<input type="checkbox"/> House noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Accent	<input type="checkbox"/> Kitchen noises	<input type="checkbox"/> Taped message
<input type="checkbox"/> Angry	<input type="checkbox"/> Street noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Calm	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Coughing	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> Music	
<input type="checkbox"/> Crying	<input type="checkbox"/> Motor	
<input type="checkbox"/> Deep	<input type="checkbox"/> Clear	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Static	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Excited	<input type="checkbox"/> Local	
<input type="checkbox"/> Laughter	<input type="checkbox"/> Long Distance	
<input type="checkbox"/> Lisp		
<input type="checkbox"/> Loud	Other Information:	
<input type="checkbox"/> Nasal	_____	
<input type="checkbox"/> Normal	_____	
<input type="checkbox"/> Ragged	_____	
<input type="checkbox"/> Rapid	_____	
<input type="checkbox"/> Raspy	_____	
<input type="checkbox"/> Slow	_____	
<input type="checkbox"/> Slurred	_____	
<input type="checkbox"/> Soft	_____	
<input type="checkbox"/> Stutter	_____	