

## Bomb, Chemical, Biological & Radiological Threat Checklist

Date:

Time:

Try to keep the caller talking. Try to obtain as much information as possible. Remain calm and gain the attention of a supervisor. Take care not to alarm the general public or colleagues.

*Exact wording of threat:*

*Questions to ask the caller:*

1	When is the bomb going to explode? <b>OR</b> When will the substance be released?	
2	Where did you put the bomb/item?	
3	When did you put the bomb/item there?	
4	What does the bomb/item look like?	
5	What kind of bomb is it? <b>OR</b> Type and quantity of the substance? – gas, liquid, powder?	
6	What will make the bomb explode? <b>OR</b> How will the substance be released?	
7	Did you place the bomb/item?	
8	Why did you place the bomb/item?	
9	What is your name?	
10	Where are you?	
11	What is your address?	

## Bomb, Chemical, Biological & Radiological Threat Checklist

### Analysis of caller's voice:

<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
<b>Accent</b>	American <input type="checkbox"/>	Asian <input type="checkbox"/>	Australian <input type="checkbox"/>	British <input type="checkbox"/>	Greek <input type="checkbox"/>
	Irish <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Other <input type="checkbox"/>		
<b>Voice</b>	Angry <input type="checkbox"/>	Calm <input type="checkbox"/>	Child <input type="checkbox"/>	Giggling <input type="checkbox"/>	Obscene <input type="checkbox"/>
	Other <input type="checkbox"/>				
<b>Speech</b>	Distinct <input type="checkbox"/>	Distorted <input type="checkbox"/>	Fast <input type="checkbox"/>	Lisp <input type="checkbox"/>	Slow <input type="checkbox"/>
	Slurred <input type="checkbox"/>	Stutter <input type="checkbox"/>	Other <input type="checkbox"/>		
<b>Background Noise</b>	None <input type="checkbox"/>	Aircraft <input type="checkbox"/>	Construction <input type="checkbox"/>	Machinery <input type="checkbox"/>	Sirens <input type="checkbox"/>
	Street <input type="checkbox"/>	Telephone <input type="checkbox"/>	Traffic <input type="checkbox"/>	Train <input type="checkbox"/>	TV/Radio <input type="checkbox"/>
	Other <input type="checkbox"/>				

Comments from person receiving the call:

Other:

Estimated age of caller:	
Caller's command of the English language?	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Duration of call:	
Did the caller appear familiar with the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone number call was received on:	
Location:	
Name of person receiving call:	
Signature:	

**Alert your supervisor. If your supervisor is unavailable, call 000.**