

TELEPHONE BOMB THREAT CHECKLIST

(Addendum to: "State of Idaho Guidelines for Emergency Procedures, September 2017")

Remain calm and be courteous with the caller. Do not interrupt them. Pretend you can't hear them clearly and try to keep them talking. Fill out as much information below as you can. Try to record the caller's exact words.

"WHERE is the bomb going to explode?"	"WHAT WILL CAUSE the bomb to explode?"	
"WHEN is the bomb going to explode?"	"DID YOU place the bomb? Why?"	
"What does the bomb LOOK LIKE?"	"What is your ADDRESS?"	
"WHAT KIND of bomb is it?"	"What is your NAME?"	
Exact WORDING of the threat:		
TIME of call:	DATE:	PHONE NUMBER received from:
CHECK ALL THAT APPLY. ADD NOTES WHERE NEEDED.		
ACCENT OF CALLER: <input type="checkbox"/> Local <input type="checkbox"/> Slavic <input type="checkbox"/> Middle East <input type="checkbox"/> Southern <input type="checkbox"/> Hispanic <input type="checkbox"/> Midwestern <input type="checkbox"/> Other: <input type="checkbox"/> African	MANNER OF SPEECH: <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Emotional <input type="checkbox"/> Deliberate <input type="checkbox"/> Laughing <input type="checkbox"/> Other: <input type="checkbox"/> Righteous	BACKGROUND SOUNDS: <input type="checkbox"/> Machines <input type="checkbox"/> Trains <input type="checkbox"/> Music <input type="checkbox"/> Animals <input type="checkbox"/> Office <input type="checkbox"/> Voices <input type="checkbox"/> Traffic <input type="checkbox"/> Airplanes <input type="checkbox"/> Other: <input type="checkbox"/> None
CALLER'S VOICE QUALITIES: <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Other: <input type="checkbox"/> Intoxicated	SPEECH QUALITIES: <input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Stutter <input type="checkbox"/> Distorted <input type="checkbox"/> Nasal <input type="checkbox"/> Other: <input type="checkbox"/> Slurred	LANGUAGE SKILLS: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Other: <input type="checkbox"/> Foul
CALLER'S GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	CALLER'S AGE: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Age: ()	CALL ORIGIN: <input type="checkbox"/> Local <input type="checkbox"/> Non-local
YOUR NAME:		YOUR PHONE NUMBER:
YOUR POSITION:		DATE OF REPORT:

AFTER THE CALL: Do not hang up! From a different phone, call your emergency number and await instructions.