

BOMBTHREAT CALLPROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the bomb threat checklist on this card.

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 the authorities 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 the call, do not hang up, but from a different phone, contact : 3 ' immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- X Call 291- R U
- X Handle note as minimally as possible.

If a bomb threat is received by e-mail:

the fire alarm.

- X Touch or move a suspicious package.

WHOTOCONTACT

X 911

X Wayland Police Department 806-291-3 R U

BOMBTHREATCHECKLIST

Date: Time:

Time Caller Hung Up: Phone Number where Call Received:

Ask Caller:

x Where is the bomb located?
(Building, Floor, Room, etc.)

x When will it go off?

x What does it look like?

x What kind of bomb is it?

x What will make it explode?

x Did you place the bomb? Yes No

x Why?

x What is your name?

Exact Words of Threat:

Information About Caller:

x Where is the caller located? (Background and level of noise)

x Estimated age:

x Is voice familiar? If so, who does it sound like?

x Other points:

Caller's Voice

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Accent | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Angry | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Calm | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cracking voice | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Crying | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Deep | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Deep breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Excited | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Female | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Loud | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Male | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Normal | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ragged | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Raspy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Slow | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |