

Bomb Threat/Threat of Violence Checklist

Safety procedures for handling bomb threats, explosive devices, and incendiary materials. Date: _____ Time: _____

Call taken by: _____

Exact wording of the threat:

Phone number (if identified by caller ID)

Questions you should ask the caller:

Where is the bomb/threat located? _____

What time will the bomb explode/threat occur? _____

What does the bomb look like/What is the threat? _____

What kind of bomb/threat is it? _____

What will cause the bomb to explode/threaten to worsen? _____

Did you place the bomb/Are you the threatening person? _____

Why? _____

What is your name? _____

What is your address? _____

Facts about the caller: Male | Female: _____ Age: _____

Unique voice characteristics (accents, ethnicity, etc.): _____

Describe the caller's voice: (calm, angry, excited, slow, rapid, soft, loud, laughing, crying, slurred, nasal, stuttering, lisping, raspy, deep, ragged, disguised, accent, etc.)

Telephone background noises: (street noises, other voices, music, motor, factory/ machinery. etc.) _____

Caller's language: (well-spoken, foul, irrational, incoherent, taped, message read from a script, etc.) _____

Caller reported threat to: _____

Dial **ext. 5599** or **620-441-5599** for campus

emergencies Dial 911 for off-campus locations.