BOMB THREAT CHECKLIST: (Keep copies immediately available for emergency use)

Questio 1.	ons to ask: When is the bomb going	g to explode?			
2.	Where is it right now?				
3.	What does it look like?				
4.	What kind of bomb is it				
5.	What will cause it to ex				
6.	Did you place the bomb				
7.	Why?				
8.	What is your address?				
9.	What is your name?				
Exact la	anguage of the threat:				
Person	on the phone:				
Man	Woman	TeenChild	Age	Length	of call:
Voice o	on the phone:				
Normal	Accent	Calm	Stutter	Soft	Distinct
Familia	r Stressed	Disguised	Slow	Deep	Lisp
Clearing	g throat Squeak	y Slurred	Angry_	Loud_	
Deep breathing Cracking voice Intoxicated					
Nasal_	Deep	Slow	Nasal	Whispered	_
Laughir	ng Crying	Ragged	Rapid exciteme	ent Other	
Backgro	oud Sounds:				
Street_	Factory machin	es Anima	l noises	Voices	Clear
Static _	PA System	Music_	Local_	Long D	Distance
Motor_	Booth	House Noise	Office 1	machinery	-
Other: ((describe)				
Threat l	Language:				
Well-spoken Incoherent Foul Taped Irrational					
Read prepared message Other:					
Caller I	D information				
Time and Duration of Call					