

**MDHS/DYS Oakley Training School
Telephone Bomb Threat Checklist – VIII.7.A**

Instructions: Be calm, courteous, and listen. Do not interrupt the caller; get as much information as possible.

Your Name:		Date of Call:
Start time of Call:	End time of Call:	Origin of Call: Local __ Long Distance __ Cell Phone __ Unknown __

Caller Detail: If another staff person is available or near, seek their assistance in documenting call details whenever possible.

What is the believed sex of the caller?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indiscernible
How old is caller? If unsure or unable to determine, approximate range	Age: _____ Years
What is the caller manner?	<input type="checkbox"/> Calm <input type="checkbox"/> Rational <input type="checkbox"/> Coherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Righteous <input type="checkbox"/> Angry <input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing
What does the caller's voice sound like?	<input type="checkbox"/> Loud <input type="checkbox"/> High Pitch <input type="checkbox"/> Raspy <input type="checkbox"/> Intoxicated <input type="checkbox"/> Soft <input type="checkbox"/> Deep <input type="checkbox"/> Pleasant <input type="checkbox"/> Other _____
How is the caller's speech?	<input type="checkbox"/> Fast <input type="checkbox"/> Distinct <input type="checkbox"/> Stutter <input type="checkbox"/> Slurred <input type="checkbox"/> Slow <input type="checkbox"/> Distorted <input type="checkbox"/> Nasal <input type="checkbox"/> Other _____
Does the caller have an accent?	<input type="checkbox"/> Local <input type="checkbox"/> Not Local <input type="checkbox"/> Unfamiliar <input type="checkbox"/> Foreign _____ <input type="checkbox"/> Region _____ <input type="checkbox"/> Race _____
What type of language is the caller using?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Foul
Are there any background noises?	<input type="checkbox"/> Static <input type="checkbox"/> Machinery <input type="checkbox"/> Music <input type="checkbox"/> Office <input type="checkbox"/> Traffic <input type="checkbox"/> Beeping <input type="checkbox"/> Trains <input type="checkbox"/> Animals <input type="checkbox"/> Voices <input type="checkbox"/> Planes <input type="checkbox"/> Children <input type="checkbox"/> None

Questions: Pretend difficulty hearing - Keep caller talking – If caller seems cooperative, asks questions.

Where is the bomb? Building _____ Area _____

When will it go off? __:__. Time remaining? _____

What kind of bomb is it? _____ What kind of package is it? _____

What does it look like? _____ What will trigger an explosion? _____

Who placed the bomb? _____ What is your Name? _____

Address? _____ Where are you now? _____

How do you know so much about the bomb? _____

-TURN OVER -

