BOMB THREAT ASSESSMENT FORM

(TO BE COMPLETED BY PERSON RECEIVING BOMB THREAT CALL OR NOTICE)

Date Call Received		Time Call Re	eceived		
		Time Call Er	nded		
Length of Call Exact words of person making threat (ask caller to repeat what he or she said - "I'm sorry, could you repeat that?)					
Questions to ask: When is the bomb goi Did you place the bom Where is the bomb? What does it look like? What kind of bomb is i What will cause it to e Why did you place the What is your name?	t?				
Sex of the Caller		Age	Accent		
Caller's Voice Calm Angry Excited Slow Rapid Cracking Loud Familiar Whom	Laughing Crying Normal Distinct Slurred Stutter Deep Breathindoes it sound like?	•		Distinguished Accent Whisper Soft Nasal	
Background Sounds Street Noise Static Local Call Facotry Noises	Ad Lo	ouse Noises lult Voices ng Distance port Noise		Dishes Banging Children's Voices PA Systems Phone Booth	
Language Used Educated Foul/Swearing Use this space to record other important	Me	coherent essage read by caller :		Irrational Message Taped	
Signature of Person Taking Call					
Position Department					
Work Phone		Da	ate		